Sinfasja Rajah. 1829

A

TREATISE

ON THE

PRIMARY SYMPTOMS

OF

LUES VENEREA,

WITH A CONCIS

CRITICAL AND CHRONOLOGICAL ACCOUNT

OF ALL THE

ENGLISH WRITERS ON THIS SUBJECT,

FROM THE YEAR 1735 (BEING THE PERIOD AT WHICH DR. ASTRUC CONCLUDED HIS HISTORICAL ACCOUNT) TO 1785.

TO WHICH IS ADDED,

AN ANALYSIS OF A COURSE OF LECTURES

DELIVERED BY THE AUTHOR,

AT HIS HOUSE,

No. 2, SOHO-SQUARE.

BY G. REES, M.D.

FORMERLY HOUSE-SURGEON AT THE LOCKE-HOSPITAL,

AND

LATE PHYSICIAN TO THE LEICESTER-STREET DISPENSARY,

UNDER THE PATRONAGE OF HER ROYAL HIGHNESS

THE DUCHESS OF YORK, &c. &c.

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TO

J. C. LETTSOM, M. et L.L.D. F.R.S. &c.

SIR,

AS I wiſh to dedicate this Work to One whoſe Abilities are univerſally acknowledged, I have naturally ſelected your Name; and whilſt I profeſs my Reſpect for your Acquirements, am glad of the Opportunity of joining my Teſtimony to a Sentiment ſo generally admitted.

I have the Honor to be,

SIR,

Your obedient,

Humble Servant,

G. REES.

PREFACE.

I ſhall not detain the Reader long by this preliminary Part of the preſent Publication, either in expatiating on its Merits, or apologizing for its Defects; but it will be right to premiſe, that I have not endeavoured to flatter his Hopes, by promiſing the diſcloſure of *new and certain Remedies.* Much Miſchief has certainly been incurred by placing an unjuſtifiable Confidence in the Promiſes of thoſe who have been principally actuated by the Conſideration of their own Intereſt and Emolument. The Adminiſtration of any Medicine,

dicine, however efficacious, muſt be regulated by the peculiar Circumſtances of each individual Caſe, without which it can prove no Antidote. It is not *what* but *when* to give, is the moſt difficult practical Queſtion; hence an ingenious Phyſician, (Dr. Marryatt) emphatically declares, " To ſeek for Specifics is inexcuſeable Puerility, or the Suggeſtion of deſponding Idleneſs."

CON-

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A
TREATISE
ON THE
VENEREAL DISEASE.

FROM the great number of publications which have iſſued from the preſs on the ſubject of this treatiſe, it would appear to ſome hardly juſtifiable to augment the collection. It muſt, however, be confeſſed that too many, if not the generality of them, are more calculated to anſwer the ſiniſter purpoſes of the publiſher than to convey ſolid information to the reader, and frequently are intended to recommend ſome ſpecific remedy, ſome celebrated drop or lotion, or ſome medicated bougie. This is a fact too well known to allow of contradiction, and as patients are fre-

quently misled by the unqualified assurances of this species of practitioners, to the great detriment of their health and constitutions, I think it a duty incumbent on every medical man of education and integrity to oppose, by his own individual exertion, the progress of empiricism. It is true, enough has already been written by men of acknowledged ability to instruct mankind on this important topic; but some of their writings are so voluminous, others so enveloped in professional dialect, that the generality have not benefited by their labours. In the present volume it is not my intention to give a complete history of the subject, which would render it amenable to the objection just started, its being too voluminous; I purpose to lay down the ordinary progress and appearance of the disease, and the treatment which is to be pursued under these circumstances.

I have seen so many constitutions ruined by the dangerous practice of palliating the disease, that I have been the more particular in enforcing the necessity of perseverance and continuance in the use of Mercury, in order to eradi-

cate a complaint ſo inſidious in its effects. There are ſome, nay unfortunately there are many, who will lure a man to deſtruction by the hope of being cured without mercury; how important it is then to ſhew the fallacy of ſuch pretenſions, and to point out the only method, on which he can depend, and on which experience teaches us to rely.

I have ſeen ſome thouſands in this diſeaſe, and during my attendance as Houſe-Surgeon at the Locke-Hoſpital, where it is well known none but venereal patients are admitted, thoſe always had the preference whoſe caſes were the moſt deſperate. I do not mention this with a view of vaunting in my experience, being far from conſidering a man's abilities proportionate to the number of patients for whom he has preſcribed, ſince one man who has a talent for obſervation, will become more ſagacious from a hundred, than another from a thouſand opportunities; yet ſtill I think with the learned Dr. Fordyce, that the world has a right (and it is very natural that it ſhould exerciſe that right) to enquire into the pretenſions which any one has to public approbation.

 Of

Of GONORRHŒA *or ſimple* CLAP.

THE term Gonorrhœa, according to its original ſignification, conveys a very different idea of the diſeaſe from what it is at preſent intended to expreſs; it implies, in fact, a diſcharge of ſemen, but as now uſed ſignifies the diſcharge of matter infected with the venereal poiſon from the urethra. This miſtake originated in the ignorance of the ancients, who were totally unacquainted with the nature or cauſe of it, when the diſeaſe firſt made its appearance.

When a perſon has had venereal intercourſe with a diſeaſed woman, the poiſon which is thus communicated, continues for a certain length of time without manifeſting itſelf. This period of time is very irregular, it appearing ſometimes within three days, at other times not in leſs than a week, and in ſome inſtances a fortnight or three weeks from the period at which the infection was communicated. This is owing partly to the quantity of poiſon which is applied, and partly to the conſtitution of the individual who receives it,

for

for ſome are much more ſuſceptible of the venereal action than others.

At firſt the ſymptoms are ſlight, a little uneaſineſs not amounting to pain is perceived in the urethra; this is ſoon followed by a diſcharge accompanied with a pain in making water. The diſcharge varies likewiſe in colour and conſiſtence, but for the moſt part tinges the linen of a greeniſh colour.

The pain in making water, ſuppoſing no remedy is had recourſe to, gradually increaſes, and becomes very violent; the lips of the urethra are red and inflamed, and ſeem to ſeparate a little from each other. The prepuce, or the ſkin which covers the penis, becomes inflamed likewiſe from the venereal matter conſtantly paſſing over it; it contracts ſo much alſo as not to admit of being drawn back behind the glands of the penis without conſiderable pain, and ſometimes it cannot be done at all.

The irritation thus produced in the penis acting as a ſtimulus, painful and frequent erections are the conſequence, which very much interrupt the patient's repoſe.

These

These ſymptoms, whoſe violence will depend on the inflammatory ſtate of the habit, and on the conduct of the patient, in the courſe of a few days or a week begin to diminiſh, the erections are leſs painful, the pain of making water is diminiſhed, and the diſcharge is leſs abundant.

This, which is the moſt regular ſtage of the diſeaſe, is often complicated with other accidents. Sometimes from the violence of the inflammation, the pain in making water is exquiſitely great and induces a ſwelling of one or both teſticles, which very much aggravates the patient's ſituation; for as the teſticle is covered with a firm inelaſtic coat, the diſtenſion of it is extremely diſtreſſing. Another circumſtance which ſometimes tends to complicate the complaint, is a profuſe diſcharge of blood from the urethra; for as the membrane which lines this part is not only very full of blood, but alſo very thin in its texture, the blood-veſſels from want of better ſupport burſt, and though the veſſels are very ſmall, a hæmorrhage of this part proves often exceedingly troubleſome and unmanageable.

It likewiſe happens now and then that the inflammation of the urethra, which is in general confined to about an inch from the top of the penis, gradually runs along the ſurface of the membrane, even to the bladder, bringing on a conſtant inclination to make water, with violent ſtrangury.

Not unfrequently the inflammation extends from the ſurface of the membrane into the ſubſtance of the penis, by which means the cells of which the penis is compoſed are confined, and not yielding when an erection takes place, draws down the penis in an incurvated direction. This ſymptom is exceedingly troubleſome, and is a conſiderable time before it can be effectually removed; accordingly therefore as the ſeveral circumſtances above enumerated accompany the diſeaſe, the treatment muſt naturally be varied to obviate each difficulty; but beſides thoſe already mentioned, there is another very important caſe which often occurs, and which is not ſufficiently attended to, at leaſt if I may judge from the number of patients whom I have known to ſuffer from this cauſe, the remark is correct; it

it happens in this manner. Though in ſome patients when a Gonorrhœa takes place, there is no chancre to be found (which generally is the caſe) yet in many inſtances a chancre will exiſt with it: when this is ſituated towards the top of the glands, penis, or of the prepuce, it is ſubject to our inſpection, and will admit of topical application; but very often, a chancre or venereal ulcer will be ſituated at the baſis of the glands, in this caſe the patient ſhould be particularly careful to prevent the prepuce from contracting, which, as has been already obſerved, often happens to that degree as to render it impoſſible to draw it back. By this means the poiſon depoſited at the baſis of the glands, and which has produced ulceration there, continues to extend, gradually deſtroying the ſkin of the prepuce, till at length that portion of it is entirely eaten through, and a natural circumciſion takes place. This I have ſeen repeatedly happen, and though I will not poſitively aſſert it can at all times be prevented, I do not ſcruple to declare that it might be prevented in nine caſes out of ten of this deſcription.

The inconveniencies thus occaſioned are not merely confined to the prepuce, but extend in the ſame manner through the glans of the penis, ſo that the patient loſes a portion of the ſubſtance of the penis itſelf, and ſometimes the whole glans is deſtroyed. This will happen whether the chancre be at firſt on the ſubſtance of the glans itſelf, or on the prepuce covering it; for as the venereal matter when the ſkin cannot be withdrawn lies in cloſe contact with the ſubſtance of the penis, its corroſive effects are propagated in that direction. In this reſpect there will be a difference with regard to the progreſs as well as treatment of the diſorder; of this, however, we ſhall take further notice in the part of this treatiſe wherein the treatment of chancre will be conſidered. I ſhall now ſpeak of the cure of Gonorrhœa.

Cure of GONORRHŒA.

To a perſon unacquainted with the ſtructure of the human body, and the peculiar actions to which different parts are naturally diſpoſed,

it would appear very extraordinary that a chancre ſhould be produced in one inſtance which is followed by little or no diſcharge, and that in another inſtance a clap ſhould be the conſequence which it is well known is generally accompanied with a very violent diſcharge, and yet theſe different ſymptoms originate in the ſame infection (for that it is the ſame appears to me beyond a reaſonable doubt,) and what muſt appear ſtill more extraordinary, is, that the one may frequently, nay generally be cured without mercury, whilſt the effects of a chancre, if ſuitable applications are not ſpeedily employed, gradually proceed to the contamination of the habit, and for which there is no other remedy on which we can depend, and therefore in pointing out the treatment which will be proper in this ſtage of the diſeaſe, it will be more ſatisfactory, in my opinion, to ſhew on what theſe different phœnomena depend.

As the urethra is a canal calculated for the paſſage of the urine, it is lined with a mucus in order to defend it from the acrimony of that fluid paſſing over its ſurface; this mucus

is

is ſupplied or ſecreted by the membrane which lines this part, and is continued on to the bladder; hence when any irritation is here excited, it tends to increaſe the quantity of mucus, which in the natural ſtate is merely ſufficient to keep the canal moiſt, and thus a diſcharge is brought on.

Whatever, therefore, is the cauſe applied, ſuch will be the effect of the irritation; if the venereal poiſon inſtead of being depoſited on the outer ſurface of the glans, is conveyed into the urethra, it will in a few days irritate the membrane, and produce Gonorrhœa.

It was for a long time ſuppoſed that there was an ulcer produced in the urethra, from which the diſcharge took its riſe, but this is very ſeldom the caſe. I have ſeen one caſe which I examined in a man who died from ſome other cauſe when labouring under gonorrhœa, in which there was an ulceration in the urethra, but the effect is extremely rare. In fact the increaſed mucous ſecretion is perfectly ſimilar to the mucus diſcharged from the noſe, which is increaſed in conſequence of inflammation, from whatever cauſe: thus the mat-

 ter

ter discharged from the urethra in consequence of the application of venereal poison, is the effect of an inflammation which that poison excites, and the discharge itself, at the same time that it contributes to abate the inflammation, contributes still more effectually to remove and wash away the venereal matter. In proportion therefore to the quantity of matter which is thrown off, will the probability in a great measure consist that the constitution of the patient will remain unaffected.

This circumstance, namely, the inflammation excited by the application of venereal poison to the urethra, will depend on the susceptibility of the part, as well as on the inflammatory state of the habit of the patient, which may very much dispose to such a consequence. However favourable therefore the discharge may be as proving a protection to the constitution, its violence may be so considerable as to be almost insupportable, and to require immediate attention; and this is the first object of our care.

When a person who has had a recent infection discovers a small discharge from the lips of

of the urethra, with a pain in making water, and the ſymptoms already enumerated, the firſt remedy to be adminiſtered is ſome cooling purgative, ſuch as the following:

No. 1.—℞. Calom. gr. iij.
Conſ. Cynoſb. q. ſ. m. f. bol.
nocte ſumend. et die poſtrem.
adhib. hauſt. ſequent.

N. 2.—℞. Sal. Cathart. Glauberi ℥j.
Infuſ. Roſar. ℥ij.
Tinct. Sennæ ʒij. m. f. hauſt.

The infuſion of roſes, whilſt it is not ſufficiently aſtringent to interfere with the purgative properties of the ſalts, renders it much more palatable, without which it is a medicine likely to be rejected by many ſtomachs.

When from any averſion of this kind the ſalts are not adviſeable, the following ſimple formula will anſwer equally well.

No. 3.—℞. Infuſ. Sennæ ℥iſs
Manna Opt. ℥ſs
Tinct. Sennæ ℥ſs M. f. H.
Man. ſumend.

This

This or the preceding remedies it will be necessary to repeat according as the symptoms are more or less violent.

With regard to the use of purgatives, it will be proper to recollect that no aloetic medicines should be administered; that they should not be of the class of aperient tinctures; and that they should be sufficiently active to promote six or seven evacuations. As the pain which is experienced in making water depends as well upon the quality of the urine as the inflammation of the urethra, much inconvenience may be avoided by drinking freely of those mucilaginous liquors, which are adapted to correct the acrimony of that fluid. Of this class it will hardly be necessary to mention those which are proper, as linseed tea, marshmallows, quince seed, or barley-water will be sufficient for the purpose; in these a portion of nitre should be dissolved, which has a very powerful influence in abating an inflammatory action; about a dram in the day will be as much as the stomach will easily bear. At the time these remedies become necessary, it will be exceedingly proper that the patient should submit

mit to a regimen perfectly consistent with the same design; he should keep perfectly at rest, avoid the use of wine, spirits, animal food, and every thing, in short, which can increase the velocity of the pulse, or give an inflammatory action to the vessels.

If I were writing this treatise merely for the use of the faculty, I should have omitted this last, as well as many other remarks, as too trivial for their attention; but as I expect this work will fall into the hands of those who are not in the profession, not to be minute would be a fault in a work calculated for popular perusal.

In a case where the inflammatory symptoms are moderate, the means above recommended will prove adequate to our wishes by checking the violent excitement which has been produced, but it happens very frequently that more active measures are requisite; a person, for instance, who has caught the complaint, and is as yet ignorant of his misfortune, may indulge freely in wine or exercise, till the moment he discovers the injury, and in such circumstances the inflammation which attends proves highly

highly diſtreſſing. A gentleman conſulted me ſome time ſince who was exactly in this predicament, he had no ſuſpicion of being injured, and walked during a very hot day from the Borough to Turnham-Green, a diſtance of about ſix miles, where he firſt felt a little pain on making water, not knowing to what it could be aſcribed; and being not aware of the danger ariſing from exerciſe, he returned the ſame day on foot, hence the inflammation was ſo great, and the pain in making water ſo violent, that according to his own repreſentation, it was like fiſhing-hooks tearing through the urethra.

To arreſt the progreſs of ſymptoms ſo violent, it will be proper to bleed the patient from the arm, if the conſtitution will admit, and eſpecially if the pulſe is full and quickened; at the ſame time leeches ſhould be applied to the penis itſelf, which though a troubleſome, is a very effectual remedy; cold ſaturnine lotions ſhould be applied around the penis likewiſe, and changed very frequently.

So far then the treatment laid down will be very intelligible to every capacity, and will, I preſume,

presume, not be contradicted. It becomes a question of more nicety to determine how far injections are adviseable in this state; I shall endeavour to explain this from practical grounds, but let us first consider the principle on which injections are recommended, or at least on which they produce their effect; in doing this we ought to recollect the progress of infection which I have already described, and as the application of the venereal matter to the surface of the urethra is evidently the cause of Gonorrhœa, our object undoubtedly ought to be to destroy or remove the offending cause.

According to this plan the use of astringent injections in the first instance must appear highly injudicious, for the professed object of their exhibition is to contract the mouths of the vessels opening on the surface of the membrane, and thereby to stop that discharge which nature has brought on, as the salutary means of preventing an extension of the evil; and yet this practice so unnatural, as I will venture to call it, has been strongly recom-

mended by ſome practitioners, and by ſome of eminence likewiſe. Mr. Bell of Edinburgh, whoſe writings are very generally known, is an advocate for this practice, and as his authority is very likely to influence his readers, it will be proper to dwell a little more fully on this branch of our ſubject.

If the phyſician is the ſervant of nature, as he has often been repreſented, and if thoſe who are the moſt ſucceſsful are the perſons who attentively watch her operations, we ought certainly to doubt the propriety of that advice, which is in direct oppoſition to her proceedings. This is certainly the caſe with regard to the uſe of aſtringent injections; we are endeavouring thereby to confine what nature is labouring to expel, and what it is very injurious to the ſyſtem to retain; we are rendering that an important evil, which if entruſted to nature would probably have proved only a temporary inconvenience; for by the continuance of that diſcharge, which theſe injections are calculated to ſuppreſs, the matter of Gonorrhœa has been entirely evacuated, and the

patient

patient recovered without the uſe of any remedies whatſoever, which might have robbed her of the credit of the cure.

Another reaſon why aſtringent injections ſhould not be recommended is this: before the diſcharge has taken place, there has been ſome degree of inflammation in order to produce the diſcharge, there is more blood collected in the blood-veſſels of that part, and therefore the uſe of aſtringent applications are very likely, and do very frequently prove the remote cauſe of ſtricture. No wonder then there ſhould have been a difference of opinion among medical men with reſpect to the propriety of adminiſtering injections of any kind, ſince it is very clear that the abuſe of a thing may bring it totally into diſcredit.

I have no ſcruples therefore in decrying the uſe of theſe means at the firſt commencement of gonorrhœa, for if they anſwer the intention of the preſcriber, they prove prejudicial to the patient, not only by laying the foundation of ſtricture, but by endangering the acceſſion of ſecondary ſymptoms, which I have repeatedly

known to arise when nothing but gonorrhœa or simple clap had preceded them.

That Mr. Bell, however, should have succeeded to his mind in the use of astringent injections is not so wonderful, since many of the remedies which he has called astringent, appear to me to act on a very different principle: thus he advises calomel mixed with mucilage, also lapis calaminaris and tutty powder, as well as the extract of lead, claret and water, brandy and water, all these come under the denomination of astringent remedies. The three first powders, in my opinion, act on this principle only, that of absorbing or imbibing the poison, for their astringent properties are not much to be depended on, even admitting the advantage of the practice; and the three following, the extract of lead, claret, and brandy, are so universally known to be sedative, that the benefits they confer are owing to their efficacy in allaying inflammation, which is very different from the view with which they are here recommended.

I am not by any means wishing to disparage

parage the value or the virtue of aſtringent injections, but merely the unſeaſonable uſe of them: when there is no reaſon to apprehend any infection remains, they are then as beneficial in ſuppreſſing the diſcharge, as they are hurtful at the beginning.

In recommending the uſe of injections, we have three diſtinct purpoſes to accompliſh,

1. To correct the venereal poiſon;

2. To abate the inflammation of the urethra; and

3. To contract or brace the mouth of the veſſels, and thus ſtop an habitual diſcharge.

With regard to the firſt of theſe purpoſes, I am fully ſatisfied that the quality of the venereal poiſon may be deſtroyed by the action of certain ſubſtances, and that ſuch would prove an effectual preventive, could they be brought in contact with the morbific particles. On this ſubject I ſhall treat more at large in a ſubſequent part of the treatiſe, where the poſſibility of guarding the conſtitution from this diſeaſe will be conſidered; it will be perfectly in order, however, to ſay as much here

as regards the uſe of injection; if therefore the inflammatory ſymptoms are only in a moderate degree, if the pain in making water is not very violent, the uſe of injections with this view will be proper. The following I have uſed with the moſt ſatisfactory ſucceſs:

No. 4.—℞. Acid. Nitros. ʒſs.
Aq. Commun. ℥viij.
M. f. Inject. ter die vel ſæpius injiciend.

Among a great number of caſes which have come under my care, I ſhall juſt mention one which occurred a very ſhort time ſince as an illuſtration of the opinion I have laid down, that the venereal poiſon may be deſtroyed.

A gentleman conſulted me in conſequence of an infection which was received about four days before, which produced gonorrhœa; the diſcharge was not very conſiderable, and he had a ſmarting, though not very ſevere pain on diſcharging his urine. I preſcribed for him the preceding injection, No. 4, which gave him a good deal of pain, but after uſing it five or ſix times he was perfectly well, with ſcarce-

ly

ly any gleet, and that is now perfectly abated. I believe in this instance the nitrous acid acted as an antidote to the poison, or by some chymical combination rendered it no longer capable of producing any virulent effects.

On this principle we have been advised by some to make use of mercurial injections, since mercury is known to be singularly efficacious in curing the disease; but this is a most mistaken supposition indeed, since the effects of mercury are owing to the action excited in the body by its exhibition, and not from any property it has of altering the poison itself, or, if I may be allowed the expression, of neutralizing it, and therefore no benefit of this nature will accrue from its use by injection.

In judging then of the propriety of using injections, it should be remembered, that in case of a recent infection where the pain is not very great, the injection above mentioned will be the most salutary remedy; but when the painful symptoms are urgent, when the urethra will not admit of any pressure, and the ardor urinæ or pain in making water is very considerable,

considerable, injections must be administered to fulfil the second indication, namely,

To abate the inflammation of the urethra.

No. 5.—℞. Mucilag. Semin. Lini. ℥vſs
Ol. Olivac. ℥j
Tinct. Opii. ℨſs M. f. Injects.

As a means of relieving the symptoms just now enumerated, the above is one of the best which can be employed, and should be made use of under the most aggravated state of this disease.

It has been asserted by those who are averse to the use of injections, that under a painful state of the part, the mechanical violence sustained renders it more prejudicial than useful; this objection has no authority, since it is the effect of negligence and not the necessary and unavoidable effect of the operation, which does not produce this inconvenience, if the instrument made use of is of a proper construction, and the patient knows how to apply it, which he ought to be instructed in by the per-

ſon whom he conſults. The beſt method of throwing up an injection is for the patient to make the ſyringe reſt upon ſome fixed ſolid body, as the edge of a table, of ſuch a height as to be on a level with that part of his body when he ſtands upright, to which the pipe is to be applied; by making the ſyringe a fixed point, he effectually prevents its ſtarting, which it is very likely to do, and thus give the patient much pain.

A gentleman in the neighbourhood of Leiceſter-ſquare applied to me about a month ago, who complained of a pain in making water, accompanied with a violent diſcharge from the urethra, and in ſhort every ſymptom of a recent gonorrhœa; and ſuſpecting this to be the caſe, I recommended the injection No. 4; but this, ſo far from meliorating his condition, added to the pain he previouſly endured. The pain in making water was exquiſite, he declared it to be inſupportable; I therefore immediately varied the remedies, and ordered the injection No. 5 as a ſubſtitute, recommending the application of two leeches to the penis; the leeches he neglected to apply, but the in-

jection he regularly continued, and found the pain immediately relieved. That it was the effect of the injection was evident from this circumſtance, for though he uſed other remedies, among which nitre ℈i three times a day was taken, yet having omitted the uſe of the injection for one day, he found the ſymptoms became more violent.

Now in this caſe, if in any caſe, there was reaſon to object to any mechanical violence; but the evidently good effects from the uſe of this anodyne injection, ſhewed the futility of ſuch reaſoning.

Before I proceed to conſider the treatment, as farther may be required, I think it will be proper to notice what I don't think has been properly attended to, the difference between a recent gonorrhœa, and that which I would call a ſecondary one; I mention this here likewiſe for another reaſon, becauſe the laſt caſe will be of uſe in explaining the difference.

I ſuſpected, as already ſtated, that the diſeaſe under which he laboured, was the conſequence of ſome late indiſcretion; but on enquiring, he aſſured me, and I can rely on his

word,

word, he had no communication with any one ſince the time when he was primarily affected, he then had a chancre; this was about ſix months before. When the gonorrhœa came on, it was accompanied almoſt from its firſt appearance with a chordee, and hardneſs about that part of the penis, which was moſt painful to the touch; in this therefore conſiſted the difference between the recent and the ſecondary infection. In the former the matter of infection is merely applied to the ſurface, and if it is timely corrected, does not enter the ſyſtem; whereas in the other caſe the conſtitution has previouſly been infected, and the gonorrhœa which takes place may be conſidered as depoſited or breaking out.

Theſe circumſtances are ſo diſſimilar to each other, both with regard to their conſequences and method of cure, that particular attention ſhould be paid to the diſtinction; for with regard to the conſequences, there can be no queſtion how far the conſtitution is ſafe or not, or how far the uſe of mercury is indiſpenſible or not, ſince the hiſtory of the ſymptoms will be ſufficient to determine theſe

points. The plan of treatment which is here proper, will be to adminifter mercury immediately, in order to produce a flight falivation. The ufe of every kind of ftimulating or aftringent injection fhould be avoided, and only fuch as are calculated by their emollient properties to footh and allay the inflammation of the part fhould be had recourfe to.

From this kind of gonorrhœa, likewife, there is more inflammation in the fubftance of the penis than in recent infection, and the chordee or painful fenfe of conftriction on fome part of the penis in confequence of erection more troublefome.

This, which is owing to the cells of which the penis is compofed having adhered together, will be in proportion to the inflammation, and therefore fuch applications to the part itfelf as tend to diminifh this, will be highly requifite. The following formula is one of the beft:

No. 6.—℞. Extract. Lithargyr. ℨj.
Opii dur. purif. ℨj.
Crem. Lact. ℥ij.
Aq. Comm. ℥vj. m. f. Lotio.

This

This ſhould be uſed at leaſt ſix or eight times a day, waſhing the glans and prepuce very carefully with it, for in this caſe (ſecondary gonorrhœa) the virulence of the diſcharge being greater, there is more danger of an inflammation of the prepuce than in the other ſpecies of this diſeaſe.

That particular complaint denominated by medical men a phymoſis, which is ſuch a contraction of the prepuce that it cannot be drawn behind the glans, enſues more ſpeedily from this circumſtance, and is followed with great tumefaction and ſwelling, ſo much ſo, that I have known the whole prepuce mortify and drop off. This may always be prevented by an early and particular attention to the complaint.

The patient ſhould be very careful not to ſuffer the penis to hang down, but to keep it raiſed towards the belly, and to preſerve perfect reſt; and moſt eſpecially to attend to the repeated uſe of the lotion above-mentioned, or the following might be uſed inſtead, with equal advantage.

No.

No. 7.—℞. Calomel. ʒj.
Aq. Calc. lbſs. m. f. Lotio.

This is a preparation which I have ſeen uſed with very great advantage during my attendance as dreſſer ſeveral years ago at St. Thomas and Guy's Hoſpital; it was very generally recommended by the name of the black-waſh in the caſes juſt now mentioned, as well as for chancres, in order to deterge and clean the ſurface of the wound. I have ſince repeatedly adminiſtered it in private practice, and am authoriſed by experience to rely on its efficacy. If I were to decide on the ſuperiority claimed by either of theſe two formulæ, I ſhould recommend the latter, No. 7, in caſes where the phymoſis and ſwelling had not yet ſupervened; but would employ No. 6, where theſe ſymptoms were in force.

The reader will recollect that I am now ſpeaking of the ſecondary gonorrhœa, and that I have already declared mercury uſed ſo as to produce ſalivation abſolutely neceſſary to the cure; ſo it is undoubtedly, but it will not

be

be right to wait till that effect is produced. We are by no means to remit our diligence in applying remedies to the part because mercury is directed to the source from which the evil originates, for mercury will be some time before it acts on the body; perhaps four or five days, or a week, or longer, even if the person has been accustomed to its use, which we ought to know, in order to regulate our practice.

With regard to the use of lotions, it will be further of consequence to the patient to be careful to apply it to every part of the surface of the penis and prepuce, and round the edge of the base of the glans, where matter is very likely to lodge; in doing this as he must withdraw the prepuce entirely below it, so he should be particularly careful to bring it forward again, or it will probably become contracted behind the glans, in such a manner as to endanger the loss of that portion of the penis. This state of parts is denominated paraphymosis, and is much more dangerous than the phymosis already described, when connected with venereal infection. This complaint

happens

happens occasionally even without a venereal cause.

I attended a gentleman in the city, who had naturally a contracted state of the prepuce, in such a degree only that it could be drawn behind the glans, though with some difficulty; in this situation it was when I was sent for, and though it had only been about twelve hours, the swelling of the prepuce was so considerable, and the stricture on that part of the penis behind the glans so great, that it could not be brought back by any manual exertion. I therefore divided the prepuce with an incision-knife, and brought it forward. This gentleman was perfectly free at the time from any other complaint. Another object deserving the attention of the patient will be, not to discontinue the lotion till the symptoms are abated, or as long as the discharge continues; for till the infection is eradicated, it will be very liable to recur.

I have now a gentleman under my care who came to me with a gonorrhœa accompanied with phymosis, to whom I recommended the remedies above laid down, by which in a short

time theſe ſymptoms were removed, but neglecting to perſevere in the ſame plan, and having occaſion to walk for ſome diſtance, the ſymptoms returned with greater violence than at firſt. I muſt here take notice of a circumſtance of great importance to the practitioner, as well as to the patient, which will be found connected with the preſent part of our treatiſe. As the recurrence of gonorrhœa, in conſequence of an infection being received on ſome preceding opportunity, is not only a poſſible, but a very common event; it is eſſential for us to be enabled to determine, when there is an appearance of a virulent diſcharge from the urethra, whether it ariſes from a venereal taint, or is merely produced by a debility of the veſſels of that part; for it often happens from weakneſs or relaxation, which is then denominated a gleet, a term applicable only to that ſecretion which is perfectly free from any ſpecies of contamination. This diſtinction is likewiſe deſirable, becauſe perſons who have had a venereal gonorrhœa, are much more liable to a gleet than thoſe who have not, ſo

that their ſuſpicions are naturally rouſed by the appearance of ſymptoms ſimilar to thoſe they had previouſly experienced. Married men, in particular, are anxiouſly concerned on theſe occaſions, ſince their own health alone is not merely implicated in the affair, but that of their families; and indeed the treatment under the circumſtances of gleet or gonorrhœa, would be very different.

A gentleman with whom I am very well acquainted, who has a wife and child, wiſhed my advice concerning a diſcharge which he diſcovered to proceed from the urethra. He was extremely ſolicitous to know if it could have originated from a venereal cauſe, which about four months before had affected him; this was a ſmall chancre on the prepuce, for which he had at that time alſo requeſted my aſſiſtance. As I knew the chancre was very ſmall, that I had deſtroyed the whole ſurface by cauſtic, and had kept him under the action of mercury for ſome time, I had no reaſon to apprehend he was not effectually cured. I aſked him, therefore, if he felt any pain on making

making water, or had any hardneſs in the courſe of the urethra, any chordee or conſtriction, any ſmall ulcerations around the glans, or any ſwelling in the groin; to all which he anſwered in the negative. I therefore told him my decided opinion was, that it was merely a gleet in conſequence of relaxation, with which view I preſcribed the following:

No. 8.—℞. Zinc. Vitriol. ʒſs.
Aq. Diſtill. ℥viij.
m. f. Inject. ter die vel ſæpius utend

No. 9.—℞. Decoct. Cort. Anguſtur. ℥iſs
Tinct. Cinnam. ʒij. m.
f. hauſt. bis die ſumend.

He continued this plan of treatment for a week, without any other alteration than gradually increaſing the ſtrength of the injection, and was in that time perfectly cured of this ſymptom, as well as much improved in his general health. I ſhould have obſerved that at this time the weather was exceedingly warm, and that he had ſuffered from a gonorrhœa,

 prior

prior to the time of his conſulting me on account of the chancre.

The indications then by which we ſhall judge of the diſcharge being infectious or not will be theſe:

1ſt. The ſtate of the urethra; for in warm weather ſome conſtitutions are very much relaxed, and are diſpoſed to all thoſe circumſtances which are dependant on that ſtate of the ſyſtem; whereas warmth has rather a tendency to prevent the appearance of venereal ſymptoms, when the poiſon has been introduced into the blood.

2dly. The diſtance of time from the period of original infection, till the appearance of ſecondary gonorrhœa. When the re-appearance of the venereal matter is in this way, it always takes place, at leaſt as far as I have obſerved, within a twelvemonth, and in moſt caſes within half that period; if it lurks longer in the habit, it breaks out in the form of ulcers of the throat, or eruptions of the ſkin; and if it remain a ſtill longer time, which is by no means unuſual, as five, eight, and ten years,

years, and even longer, then it insinuates itself into the bones themselves, as I have repeatedly testified by my own observation. Another criterion is,

3dly. The hardness in the course of the urethra, with the chordee or constriction of the penis; this generally attends the venereal gonorrhœa, but never accompanies the gleet. I do not mean to say that as long as these symptoms continue, the discharge from the urethra must always be infectious, because the chordee is a symptom which continues longer than any other, and is only removed by that gradual dilatation of the cells affected, which is occasioned by repeated erections; what I am ready to maintain is this, that whenever a gleet or discharge of matter from the urinary canal takes place, accompanied with hardness and chordee, that these symptoms are not accountable on any other principle, or can be cured in any other way, than by correcting the infection from which it proceeds.

A state of relaxation, and a state of inflammation are diametrically opposite; and a gleet, which is the effect of relaxation, can

never

never induce thoſe ſymptoms, which are only to be attributed to increaſed excitement. The relaxation may be conſiderable, ſo may the diſcharge, and therefore no diſtinction can be drawn from the quantity of matter which is thrown off.

4thly. The ardor urinæ, or pain in voiding the urine, is another characteriſtic ſign, on which much dependance may be placed. This is not a concomitant ſymptom where gleet ſimply is the cauſe, but is ſeldom abſent when combined with infection.

5thly. The known habit of the patient ought to have great influence in regulating our prognoſis on this head. It is not difficult to diſcover thoſe conſtitutions which are moſt affected by heat; perſons of a ſcrophulous habit, of a fair ſkin and florid complexion, with large blood-veſſels, are generally more influenced by this than others; they have for the moſt part likewiſe ſuch concomitant ſymptoms as ſtrengthen our ſuppoſition, such as languor, laſſitude, lowneſs of ſpirits, frequent ſighing, and a continual ſenſe of wearineſs and fatigue.

When

When in an individual thus ſituated, a diſcharge takes place from the urethra, free from pain, chordee, and the other ſymptoms already deſcribed, we run no great riſque in aſſuring him of his being free from every degree of venereal affection.

I have been a little particular, and perhaps ſome may think a little tedious on this part, but having met with ſeveral ſuch caſes, and feeling as I do the anxiety which muſt affect the individual, I am perſuaded this will be an apology for the attempt I have made to deliver ſomething which may afford him ſatisfaction.

In the preceding pages I have confined my attention principally to the uſe of topical remedies in caſes of gonorrhœa, and to the diſtinction which ought to be made between gonorrhœa recently communicated, and that which I have called ſecondary gonorrhœa. It will be proper now to conſider the accidental circumſtances with which gonorrhœa is frequently connected; but firſt of all it may be aſked, *whether mercury is proper at all times*

under

under the attack of gonorrhœa, and what rules are there which juſtify its uſe?

That mercury is neceſſary for the cure of gonorrhœa in all caſes, would be an aſſertion that daily experience would contradict; for the method of cure which is employed in the firſt attack, ſuch as purgative medicines and emollient injections, are ſufficient not only to relieve the ſymptoms of the firſt ſtage, but alſo to prevent any further inconvenience; yet ſtill we cannot guarantee the patient's ſecurity without it. As we do know without a doubt many perſons are affected with ſecondary ſymptoms, who have had gonorrhœa only without chancre, it ought always to conſtitute a part of the method of cure, when there is reaſon to believe abſorption has taken place.

Perhaps there may another reaſon be adduced why ſuch practice would be eligible, namely, the poſſibility of infection being received into the conſtitution, without producing any evident effects on the part where it was firſt applied. This has been called by

Mr.

Mr. Hunter, *ſilent abſorption*; whenever therefore gonorrhœa has been produced, it is an evidence of the application of the venereal poiſon, and it is impoſſible to ſay that it might not at the ſame time have inſinuated itſelf into the pores of the ſkin in the manner already deſcribed. In adminiſtering mercury under this form of the diſeaſe, there is more judgment neceſſary than in almoſt any other, becauſe it is given as a preventive rather than a remedy; it is on the preſumption that the habit will be diſeaſed if this medicine is not employed, becauſe experience has rendered us certain as to the poſſibility and even the frequency of this event.

It will be neceſſary then to lay down ſome rules by which the practitioner, or the patient, ſhould be influenced with regard to this particular.

The following ideas are the reſult of my own obſervation, and as far as I have been able to aſcertain, are to be depended on.

If a perſon who has had connection with a woman afflicted with the venereal diſeaſe, continues a fortnight or three weeks without diſ-

covering any ſymptoms of the complaint, he is more liable to be conſtitutionally affected than one who is attacked in five days or a week, which is the moſt uſual period; and in ſuch an individual, the uſe of mercury would be juſtifiable and proper. Again,

If a perſon who has caught the diſeaſe in this form, complains only of a ſlight burning pain in the urethra, with an inconſiderable diſcharge, he is more in danger of ſecondary ſymptoms, than he who ſuffers more acutely and in whom the diſcharge is more profuſe. Theſe facts will admit of explanation, and the intelligent reader, it is hoped, will feel ſome ſatisfaction in being able to underſtand the principle before he credits the aſſertion. The reaſon is this: in the human body there is a certain power of reſiſting, as well as repairing injuries; this is exemplified in various inſtances, as for example, when a particle of dirt gets into the eye, the irritation it produces is followed by a diſcharge of tears ſufficient in general to waſh away the offending cauſe; ſo when any thing nauſeous is taken into the ſtomach, it is frequently thrown into action, and

endeavours

endeavours by a convulſive effort to expel it. The ſame effect is daily manifeſted in the other parts of the alimentary canal, whatever diſagrees is thrown off by purging; ſo that it is a very common thing when an epidemical diſtemper prevails, to obſerve thoſe free from the fever who have a conſtantly lax ſtate of the bowels; on the very ſame principle we can account for the facts above ſtated. If the urethra is very irritable, the firſt effect of the venereal poiſon will be an irritation on its ſurface, which is followed by an increaſed excitement of all the blood-veſſels of that part; this therefore is an effort of nature to expel the noxious matter, and if the diſcharge is violent, which it will be when the excitement is great, it ſo effectually anſwers the purpoſe, as to prevent any portion from getting acceſs to the conſtitution.

Another criterion for our aſſiſtance will be, the return of painful ſymptoms after they have been nearly or entirely removed. When a part has been inflamed by the application of a morbid poiſon, though the inflammation may

 not

not ceaſe immediately when that poiſon is corrected or removed, yet when it has ceaſed, it requires the re-application of the offending cauſe, to produce a return of this ſtate, and therefore there can be little room for heſitation, whether under ſuch circumſtances mercury is proper or not.

Sometimes we are directed by ſigns more unequivocal, as for inſtance, a chancre accompanying gonorrhœa; this is not uſually the caſe, yet I have met with ſome caſes where there could be no room for deception. It will ſometimes happen too that the patient will have a bubo in the groin, with an uneaſineſs and hardneſs along the courſe of the penis, which may be conſidered as the indications of infection and abſorption. In all caſes of doubt or difficulty, we are to draw our concluſions from the aggregate, and hence we ſhall be inſtructed to act with deciſion, where individual circumſtances afford but feeble aſſiſtance.

Added to theſe, much will depend on the time when mercury ſhould be preſcribed, as well as when it ſhould be diſcontinued. At the

the commencement of the ſymptoms which accompany gonorrhœa, the inflammatory ſtage is firſt to be attended to, and therefore mercury ſhould be omitted, as inconſiſtent with this view; but when the pain in making water is diminiſhed, when the ſoreneſs and ſenſe of heat begin to ſubſide, then this mineral ſhould be employed.

The ſtrong mercurial ointment ſhould be rubbed in along the courſe of the urethra, and the whole ſurface of the penis, as well as on the inſide of the thigh. There is a great neceſſity for attending to this advice, viz. the application of ointment to the penis itſelf; for as the poiſon in being conveyed into the conſtitution, takes that courſe, and as the ſame veſſels which convey it will abſorb the mercury, in all probability the matter may be deſtroyed or rendered ineffectual before it enters the ſyſtem.

In recommending the common method of inunction, which is on the inſide of the thigh, I have not, it is evident, conſulted the moſt agreeable form for applying the remedy. Many

ny might imagine mercurial pills would anſwer every beneficial purpoſe, to this, however, there are many forcible objections; mercury in the form of pills can ſeldom be depended upon, as a cure for this diſeaſe, for in ſome conſtitutions it diſagrees with the ſtomach and bowels before it can poſſibly enter the circulation. The ſame inconvenience attends the adminiſtration of mercury, internally prepared, under other forms, as with a ſolution of corroſive ſublimate, whoſe nauſeating effects are worſe than calomel or any other preparation. For theſe reaſons, the uſe of mercury by inunction is far preferable; when this cannot be complied with, the eaſieſt and moſt effectual method of uſing mercury inwardly will be the following:

No. 10.—℞. Calom. gr. j.
Ext. Opii. gr. ſs.
Conſ. q. ſ. M. f. Pilul.
capt. j. bis die.

Calomel taken in larger doſes are apt to prove purgative, and therefore it is much better

ter to take one grain two or three times a day, than two or three grains at once.

Sometimes in conſtitutions which are ſtrong and vigorous, mercury does not appear to produce any ſenſible effects, this will be altered by combining ſmall doſes of antimony, as recommended by Dr. Fordyce. The nauſea produced by this, it is moſt likely, is the occaſion of its quickening the effects of mercury; however, what regards the uſe of this remedy will come more properly in another part of this treatiſe.

As to the continuance of it, it will naturally be ſuppoſed that the ſame perſeverance is not requiſite, as would be eſſential to the cure of a confirmed lues, where the matter has been lurking in the blood for ſome years, and where the whole ſyſtem is contaminated.

If a perſon has never been previouſly infected, if the mercury now employed produces an evident effect on the circulation, from two to three weeks will be ſufficient to prevent his being liable to any further relapſe. This part of the ſubject is of the utmoſt importance; it is not ſufficient for a perſon to ſay he has taken

three

three or four dozen pills, or that he consumed four or five boxes of ointment, and has used these for the time above mentioned, unless the constitution has been affected, he has done nothing towards his own security, or can he have any real reliance on the means made use of. Perhaps this may be explained with some certainty; thus, for example,

The venereal poison which has been applied to the part and produces infection, is very small; but this poison increases in quantity when it gets into the blood, because it excites a particular action or fermentation, whereby it assimilates other particles to the same properties as itself. If mercury is given therefore in such a manner as to increase the circulation, it prevents the process just now described from taking place, or puts a stop to it when it has.

This salutary effect is the consequence of the *mercurial action*, and unless this action is really excited, no benefit can accrue from its use.

It is astonishing that this is not more attended to, as nothing can be more obvious than

than the truth and importance of it. If, in order to leſſen an inflammation in any part, I order a man to be purged freely, though he were to take half an ounce of jalap, yet if it does not produce a diſcharge from the bowels, the quantity will be no apology for the effect.

Laying it down then as a general rule, ſubject, however, to certain modifications, it will be ſufficient for a perſon to continue the mercurial effect for three weeks, where the circumſtances are ſuch as have been deſcribed, where the object is the removal of primary ſymptoms, and where the conſtitution has not been previouſly contaminated.

Symptoms attendant on GONORRHŒA.

Hitherto I have conſidered the general treatment of Gonorrhœa; but beſides the remedies laid down as neceſſary to the cure, the accidental or concomitant ſymptoms are occaſionally ſo urgent as to demand particular attention.

CHORDEE is an inflammation of the cells

of the subſtance of the penis, which is followed by an adheſion of their ſides, ſo that when the blood ruſhes into them, or in other words, when the penis becomes erect, theſe cells not being able to yield to the diſtention, occaſion a tightneſs and conſtriction; binding it down, as it were, and giving the patient a vaſt deal of pain. This ſymptom is ſometimes ſo diſtreſſing as entirely to deſtroy the patient's reſt, for the irritation on the penis when he falls aſleep, brings on an erection, and he ſtarts up immediately from the acuteneſs of the pain.

The violence of this ſymptom will very much depend on the irritability of the individual, and therefore in removing it our views ſhould be directed to leſſen this diſpoſition. Thirty drops of tincture of opium taken at night going to bed, in a little cold water, will have a moſt magical influence in allaying this irritation. Lying in bed with a ſmall quantity of cloaths on, and living on a cool temperate diet, are very neceſſary to be attended to; but more particularly a ſtrict abſtinence from all ſpirituous liquors. In ſome caſes I have

have found the application of a poultice of bread and water, or linſeed meal, ſufficiently large to cover the penis, prevent the recurrence of this affection. A convenient remedy, which the patient will find of ſervice in ſubduing the momentary uneaſineſs, will be a bottle of cold water by the bed-ſide, which may be placed between the thighs when the erection comes on; when the pain is very conſiderable, the application of leeches are adviſeable, they are exceedingly uſeful, and though attended with ſome inconvenience, as the blood will continue to flow for ſix or ſeven hours, they ought not to be omitted if this ſymptom is conſiderable. Nature very often ſuperſedes our practice in this reſpect, by bringing on a diſcharge of blood from the urethra; this is ſometimes alarming, and weakens the patient very much. When a chordee has once taken place, it cannot be removed for ſome time, and it is only the violence which is owing to its being accompanied with inflammation, that we can diminiſh; for its ultimate removal can only be accompanied by the cells which are united, being ſtretched to their original dimenſions.

Swelled Testicle is another concomitant and not an unuſual one of gonorrhœa, it is more inconvenient than dangerous, ſince it requires the patient to obſerve perfect reſt, otherwiſe the inflammation will run very high, and may then indeed prove of conſequence. Why this circumſtance ſhould take place in one perſon, and not in another, is not eaſily explained, ſince it is not owing to the violence of the ſymptoms, but takes place even when they are leſſened or ſubdued. In general it may be obſerved in perſons of a peculiarly irritable habit, whoſe mind is much haraſſed and alarmed at the time, and hence it has been conſidered by Mr. Hunter, as taking place from ſympathy. Without entering into a long explanation or inveſtigation of this opinion, it will be ſuffi-cient to ſtate that it is not the effect of venereal matter conveyed to the teſticle, and is to be treated ſimply as an inflammation unconnected with contagion. This circumſtance it is of the utmoſt conſequence to bear in mind, ſince perſons who are the moſt liable to be thus af-fected, would be very much alarmed at the idea of venereal affection, and indeed irritable conſti-

conſtitutions are thoſe in general moſt injured by the uſe of mercury. That this opinion is well founded, namely, that the ſwelling of the teſticle is not the effect of venereal matter conveyed to that part, has been aſcertained by ample experience, and is confirmed by the higheſt authority; beſides, it can be demonſtrated from the anatomy of the parts, from the courſe which the abſorbent veſſels take, and from the uſual progreſs of the venereal matter when it does go on to produce ſecondary ſymptoms; therefore whatever apprehenſions may be entertained by the patient from the acceſſion of this ſymptom, may be ſpeedily removed by the aſſertions of the practitioner.

A *ſwelled teſticle* is to be cured by applying in the firſt place a poultice to the part covering the whole ſurface; this ſhould conſiſt of linſeed meal and hot water, which is the moſt relaxing and ſerviceable kind of poultice. When the pain is very conſiderable, a little tincture of opium ſhould be mixed in with it. The uſe of ſome mild

cooling

cooling purgative, sufficient to produce four or five evacuations, must be administered likewise, and followed by the use of the succeeding formula:

No. 11.—℞. Tinct. Opii.
Vini. Antimon. aa ʒj.
Aq. Distill. ℥vij.
capt. Coch. ij. Sing. hor. 6ta.

By these means the inflammation will be subdued, and the enlargement will gradually diminish. If the swelling has been great, or has continued long, the enlargement of the testicle will not soon subside, and this will require the application of cold astringent lotions, and the use of electricity; the mercurial ointment rubbed on the part will likewise contribute to the same event, and may very conveniently be employed when this symptom is connected with infection.

It has been stated above on the authority of Mr. Hunter, that a swelling of the testicles was only a sympathetic effect, and as it is not owing to the application of any morbid

bid poiſon to the teſticles, it might *a priori* be expected to take place, when there is no room for ſuppoſing any infection whatſoever; this is proved to be the caſe. I have known it to ariſe in the courſe of one day, nay even in the courſe of one hour, in perſons who had neither gleet or gonorrhœa; and this is an additional confirmation of what has been mentioned above, that it is not a ſymptom which at all indicates the abſorption of matter, or the contamination of the ſyſtem.

When the diſeaſe has run through the firſt ſtage, that is to ſay, when the infection of gonorrhœa is removed, and the inflammation abated, it ceaſes to retain that term with propriety, and is then conſidered only as a

Gleet.

This affection, as being only a diſcharge of innoxious matter from the mouths of thoſe veſſels which are preternaturally relaxed, may ſeem to be of little conſequence; but this

this is not in reality the caſe; for beſides the inconvenience of having the linen continually wet by the diſcharge, it lays the foundation of other diſorders, and ought to be as aſſiduouſly attended to as any other complaint. It may be aſſerted with tolerable certainty, that the cure of a gleet will be more difficult, according as it has been ſuffered to continue, hence the neceſſity of early applications. There is no ſymptom which requires a greater variety of treatment, or is more obſtinate and unmanageable. I have known it run on for months, and frequently for years, notwithſtanding the means which generally prove ſucceſsful, had been regularly perſevered in. This was owing, in my opinion, to the nature of the gleet not being properly underſtood, for much depends on the patient's conſtitution, to which our attention ſhould always be directed. A gleet has by many been conſidered as ariſing merely from debility; and with reſpect to the generality of caſes which occur, this opinion is correct; ſometimes, however, it is owing to a plethoric ſtate

of

of the ſyſtem, and requires the uſe of cool aperient medicines, in order to leſſen the fulneſs of the habit; it ariſes likewiſe from a ſtricture in the urethra, as almoſt every ſtricture is accompanied with a gleet to a certain degree; it alſo proceeds (which is a circumſtance worthy of attention) from the venereal poiſon not being corrected, and owing to ſome peculiarity of habit lurking in that part for a time, without extending its ravages. Of this a very curious inſtance is mentioned by the late Mr. John Hunter, of a gleet which reſiſted every mode of treatment, but immediately diſappeared on the eruption of two chancres on the ſurface of the glans of the penis. Theſe remarks will ſhew how neceſſary it is to inveſtigate the cauſes from which this complaint may originate.

When the inflammatory ſymptoms of gonorrhœa are removed, though the infection may have been totally annihilated, it ſeldom happens that the diſcharge immediately diſappears; other remedies are then adviſeable, and the uſe of aſtringent injections, which

heretofore I have prohibited, are thoſe to which we can now with propriety reſort. There is one circumſtance which I think it right to point out as important, to the patient's attention, that he may not be deceived by the quantity of the diſcharge, which is ſometimes very inconſiderable, ſo much ſo, as to make him entirely thoughtleſs about it. In many inſtances there is none diſcernible, except in the morning, when he wakes, or about one drop in the courſe of the day; and hence he conſiders himſelf as ſufficiently recovered to neglect further attention; but this ſhould never authoriſe him to omit the uſe of proper remedies, for as long as the gleet continues, though in the ſlighteſt poſſible degree, the habit is kept up, and he is liable to a return of the diſcharge, with all its former redundance, when he runs into any extraordinary irregularity. He ſhould, therefore, take care that the urethra is reinſtated in the ſame powers and circumſtances as it was previous to the infection being received, for this reaſon it will be requiſite that the injection employed ſhould be

continued

continued a week after the gleet has entirely disappeared; but to return to the use of astringent injections, which I have stated to be the principal remedies in the

Cure of GLEET.

Of these I think the Zinc. Vitriolat. given in such a proportion as to excite a moderate degree of pain, the least fallible; I say the least fallible, because there is nothing so precarious as the treatment of gleet, nor is there one single medicine to which we can ascribe the property of curing them, and those on which we have from experience been taught most to depend, in some cases appear to aggravate the disorder. I have neglected to state the proportion of time which would be proper, because in some persons a grain to an ounce of water irritates more than we wish, and yet I have employed it in the proportion of ten grains to an ounce, with less sensible effects. As it is of consequence not to increase the stimulus too much, for we may bring on a swelling of the testicle, or even an inflamma-

of the bladder, we ought to begin with one grain, eſpecially if the patient ſeems of an irritable habit, and he has not previouſly uſed the ſame remedy.

Where there has been much reaſon to expect the part is very irritable, I have found it uſeful to combine opium with it, at firſt; but, I think, from the trials I have made with this combination, I have found it diminiſhed the efficacy of the Zinc. indeed I believe the pain which is generally produced, is an important agent in the cure; and whatever tends to diminiſh this, muſt therefore have ſome influence in counteracting the benefits.

When injections are employed, whether of this, or any other compoſition, much will depend on the frequency of their repetition; they ſhould be made uſe of at leaſt ſeven or eight times a day, for the effect produced by one injection, begins to ſubſide in two or three hours, and therefore ſhould be renewed, in order to prevent the part from relapſing into the ſame habit. We ought not to rely on the uſe of injections only. In curing a gleet, external applications are of very great ſervice

likewiſe,

likewiſe, for we may by the uſe of aſtringent injections, frequently repeated, put an entire ſtop to the diſcharge, and yet the original tone of the parts not be reſtored; ſo that from any fatigue or unuſual exerciſe, it will return as copiouſly as at firſt. I know a gentleman, who is married, that generally every ſummer labours under a very violent gleet, from which the diſcharge is ſo great, as to occaſion much pain in the ſmall of the back, with univerſal debility; this was brought on by a clap. I know another inſtance of a married man, who is ſeldom free from gleet, and if he continues ſo for any length of time, as ſoon as he has connection with his wife, it brings on a recurrence of the diſorder; therefore, the patient ſhould uſe ſuch means as are calculated to invigorate the parts. Of theſe none is ſo important as the uſe of cold water, or cold ſalt and water, with which the penis and pèrinœum ſhould be waſhed every morning and evening. I have known this put a ſtop to a gleet, which no injection could cure, and would recommend it as of the higheſt utility. Sometimes there is a neceſſity for having re-

courſe

courſe to other injections, of theſe a decoction of oak bark with allum is among the ſtrongeſt.

The uſe of corroſive ſublimate, in the proportion of one grain to ſix ounces, will prove effectual, when other remedies fail; if theſe prove inſufficient, we ought to diſcontinue the uſe of injections, and apply to bougies, which many deem far preferable. The greateſt difficulty attending their uſe, is to aſcertain how long they ſhould be continued. In employing bougies for the cure of gleet, we ſhould uſe ſuch only as are of conſiderable ſize, ſo as not merely to fill the cavity of the urethra, but in ſome degree to diſtend it. In this manner the diſcharge will at firſt very probably be increaſed, an effect not unuſual to bougies; but the chance of its proving ultimately a cure, is not leſſened by this occurrence; for it at leaſt ſhews that the ſtate of the part is altered, and after uſing it three or four days, it ſhould be diſcontinued, when the diſcharge will frequently ſtop. A bougie ſhould not be retained more than ten minutes each time, if of the dimenſions ſtated above, and ſhould be repeated

peated three times a day; neither ſhould it be continued more than four or five days, or a week, without ſtopping for a few days to watch the effect produced. The gleet, which would be cured by the uſe of a bougie for one week, might be prolonged, by continuing it a fortnight; though bougies often anſwer the purpoſe, like the other remedies mentioned before, they are not infallible; and we are driven to the neceſſity of having recourſe to other expedients. Balſam of Copaiva is a medicine on which great expectations may be placed; it has been recommended by almoſt all the late writers on this ſubject. I have cured perſons of a gleet of two years ſtanding, by giving twenty drops twice a day for a fortnight. Whenever a gleet continues obſtinate, we ſhould take care to aſcertain if it is connected with ſtricture, when the bougie alone is the only effectual remedy.

Chancre.

When the matter of infection, inſtead of producing a diſcharge from the urethra, oc-

caſions

casions an ulceration on the glans of the penis, or on the prepuce, or in short on any part to which it is applied, it receives the name of chancre; what circumstances should contribute to make one person liable to chancre, and another to gonorrhœa, admitting the matter to be the same, is very difficult to determine; but, in all probability, much depends on the state of the skin covering the part, for the thinner it is, the more likely to be affected with ulceration. The time of its appearance, after infection has been received, is not uniform, but is generally within five or six days. It begins by first exciting a small pimple with a little matter in it, this soon bursts, and the part below appears ulcerated; the ulceration, if neglected, extends and becomes deeper, and the matter is absorbed by the vessels of the part, and carried along the course of those vessels, producing sometimes an inflammation in the glans of the groin, and sometimes before it arrives there, which is more dangerous. As there can be no possible doubt of the existence of the venereal poison, when a chancre makes its appearance, the propriety of

administering

administering mercury has not been so much contested, and yet, notwithstanding this, there is room to doubt, in some cases, of the absolute necessity of such a remedy.

When a chancre is attended to immediately on its appearance, it is supposed that the application of some caustic was all that was required. In some cases this may be the case, nay, indeed, in some even this would not be required; it would injure the patient, for in very irritable persons, the effect of a caustic will be more extensive than we intend, and the penis will be in danger of suffering injury. The venereal disease acts sometimes as a caustic to the part where it is applied, producing a mortification, and causing a portion of the penis to slough and drop off; when this happens, every thing which stimulates should be laid aside, and caustics will prove highly detrimental. The use of mercury internally, under the same circumstances, would be very improper; these cases will require the discriminating eye of an experienced practitioner, for much mischief might be incurred

by proceeding according to the regular method of practice, in cafes fo extraordinary.

When the patient has a great dread of the application of cauftic, or when the fore fpreads very rapidly, we may then be cautious in prefcribing it; if the fore is already confiderable, the cauftic fhould not at all be employed, becaufe the irritation produced by applying it to fuch an extenfive furface, would be dangerous, and if it did not cover the whole, it would be infufficient. In this cafe I apply a little lint, moiftened with tincture of opium, as a fedative to the part, and rely on the adminiftration of mercury for the cure. Some have imagined that the malignancy of certain chancres, was owing to the peculiar acrimony of the poifon with which they were affected, and have drawn this conclufion from difcovering that others who fuffered fo feverely, had derived their misfortunes from the fame woman. If this could be fully fubftantiated, it would feem a confirmation of the opinion; but I much doubt, at prefent, the truth of the obfervation, for in reafoning from analogy, we

we are not authoriſed to credit it: thus with regard to the ſmall-pox, that which is conſidered in one patient a very bad ſort, may be inoculated into another, and give riſe to the moſt favourable kind, and this again may be transferred to a third, and produce the moſt dangerous effects, owing to the particular conſtitution, or the particular ſtate of the conſtitution, when the inoculation was performed. I have likewiſe inoculated children three or four times with the matter of ſmall-pox, without producing any effect, though with that identical matter I did not fail to produce ſmall-pox in other children, inoculated at the ſame time. Theſe differences, it is evident, cannot be aſcribed to any peculiarity of the matter employed. With regard to the venereal diſeaſe, I believe the ſame explanation will ſuffice; to ſome it proves a moſt deſtructive poiſon, whilſt others are much leſs ſenſibly affected, indeed one might almoſt be inclined to think there were ſome individuals whoſe conſtitutions were not at all ſuſceptible

of the venereal poiſon*. Of this I have myſelf no doubt. I know ſome gentlemen at leaſt who are by no means ſelect in their amours, who have aſſociated with women of every deſcription almoſt, and yet have eſcaped with impunity, without uſing any precaution or preventive; this might ſtagger the faith of ſome ſceptical readers, but I could produce proofs not leſs ſingular or ſurpriſing, for inſtance, every perſon almoſt is thrown into a kind of convulſion when he is electrified by paſſing the diſcharge of a leyden-phial through him, and yet I have heard of two perſons on whom this could produce no effect; there is, therefore, every reaſon to imagine the effects and progreſs of a chancre, are owing to the ſtate of the part in which it appears.

When a chancre has made its appearance, in the courſe of a few days it is increaſed, the

* I have known (ſays Wiſeman), more than twenty men lay with one and the ſame woman the ſame day, and only ſome of them infected; the reſt going free, though they all equally deſerved it.——Vide Wiſeman's 2d. vol. Lib. viij. Chap. 1ſt.

the bottom of the ſore is foul and ſloughy, the edges ſomewhat thickened and turned back, and the matter ſeems to penetrate every day deeper into the ſubſtance of the part, ſo that it exhibits a kind of corroded ſurface; theſe ſigns it is very eſſential for every perſon to be familiarly acquainted with, who undertakes the treatment of this diſeaſe, for the ſame parts which are moſt frequently attacked with chancre, are very liable to be affected with ulceration from other cauſes, owing to the cuticle with which they are covered being ſo thin, and the friction which they undergo from the ordinary motions of the body; and yet the ſlighteſt affection of this kind is ſufficient to create conſiderable uneaſineſs; and beſides this apprehenſion, which an experienced practitioner may be able immediately to allay, the treatment which would be had recourſe to, would undoubtedly be regulated by the opinion which was entertained of the nature of the ſore. Mercury would, in all probability, be recommended as the moſt

moſt proper remedy, and this might be continued to the great detriment of the patient's general health, for a ſymptom which could have been removed by ſome very ſimple applications. This miſtake I obſerved to happen more frequently with women than in men, the genitals being more moiſt, and more affected by motion. Ulceration on the lips of the privities is a very common occurrence.

A very ſhort time ſince, I attended a lady, where this circumſtance happened, and where mercury had been imprudently adminiſtered; though there was no reaſon to ſuſpect, from the aſpect of the ſore, any infection preſent; the ulceration was very ſuperficial, though of conſiderable extent, being about half an inch long; by waſhing it with ſome warm ſoap and water, and defending it from the effects of the ſame moiſture, by applying a little ointment ſpread on lint, it was very ſhortly healed.

Though the appearance of ſimple ulceration is, and might be expected to be more

common in women than men, the latter are not exempt from it. I have known ſome men who ſeemed very much diſpoſed to this abraſion of the cuticle, for as the penis is a body which varies very much in its dimenſions, according to the different ſtates of erection or flaccidity, the ſkin is inevitably thrown into wrinkles, and here the matter which in all perſons oozes out from the ſurface of the ſkin, becomes collected, and lodging in theſe folds, occaſions the ulceration I have deſcribed. This might be prevented by an attention to cleanlineſs, waſhing the penis once or twice a week, will in general be ſufficient; it would not be ſo important as to merit notice, were it not for the alarm ſometimes occaſioned by the idea of its being venereal. When the ſkin is liable to be thus affected, a weak ſolution of white vitriol in the proportion of one grain to an ounce of water, will prevent, as well as cure it. The natural ſecretion of moiſture in this part, is greater in ſome perſons than others; when this is the caſe, the

the uſe of a little ſtarch powder will be very convenient.

I truſt this little digreſſion from the deſcription of chancre will be excuſed, for though I did not intend to devote a particular ſection to the conſideration of theſe ulcerations, to which it bears ſome reſemblance; I thought it of ſufficient importance to deſerve notice. To return to the hiſtory of chancre.

Though the prepuce and glans of the penis, are the parts moſt liable to be affected, and where it does undoubtedly moſt frequently occur, every part of the ſurface of the body, may be acted upon in the ſame manner where the cuticle is thick, as on the hands and feet, it may not ſo eaſily make an impreſſion; but on the ſkin covering other parts, there has been repeated proofs of its efficacy; this ſhould be well attended to, for our ſuſpicions of the real cauſe, are not rouſed by the ſituation where theſe ulcers are found. I have known venereal ulceration take place on the ſcrotum,

tum, that is to ſay, on the bag containing the teſticles, alſo on the lower part of the belly, called the pubis, ſometimes even on the inſide of the thigh, all which tend to ſhew the importance of our being able to decide from the characters of the ſore, and not from the ſituation of it, what is its nature and tendency.

The treatment of a chancre will depend partly on the ſituation in which it is placed, and partly on the ſize, as well as on the continuance of it; in ſome the whole ſurface is not much larger than the head of a good ſized pin, in others it is ſo extenſive as to form almoſt a circle around the nut of the yard.

When the chancre is recent, that is to ſay, when it can be traced to an infection recently received, if it is not very extenſive, the firſt thing which ought to be done, ſhould be to apply a cauſtic, ſo as to deſtroy the whole ſurface of it: this practice, though beyond all doubt, the beſt which can be purſued, has been oppoſed by ſome authors, who aſſert, that buboes are very frequently the conſe-

 quence;

quence; this, indeed, if it were a true, would be a very formidable objection. They say, that the vessels which convey the infection from this part to the groin, are stimulated by the caustic which is applied, and thus convey the poison with more rapidity. This is an erroneous idea, for the caustic which is applied, immediately destroys the surface, and if the matter of infection has not been previously absorbed, it effectually prevents that process from taking place. That the glands in the groin do swell and enlarge after the use of caustic has been had recourse to, is, however, an undoubted fact; but a fact explicable on very different principles; it is owing not to the absorption of the venereal poison, but to the irritation of the caustic on the extremities of the nerves, as will be easily understood by adducing, as an example, the effects which arise from the prick of a pin. It is no unusual consequence of this or any other punctured wound, communicated in the same manner, to have the vessels inflame, and this inflammation extends to the glands in the arm-

pit,

pit, where a bubo will arife; but this bubo is only a fympathetic effect, and is never fuppofed to be the effect of any morbid poifon; it is difperfed and cured by being treated as an inflammation: fuch are the parallel confequences of cauftic applied to chancre. The bubo which is hereby brought on, is not venereal, as has been fuppofed, nor does it require the ufe of anti-venereal remedies, and yet, if it were not, the exiftence of fuch a fymptom as a fwelling of this nature, the probability of its going on to break, and the confinement and reft which would be required, would be fufficient to condemn the practice recommended, if it were really the effect of that practice; but it is not fo, it will depend on the kind of cauftic which is employed, and the method of ufing it. Some make ufe of red precipitate; now, this of all others, is what would be moft likely to produce the effect I have been defcribing. The irritation of its particles on the extremities of the nerves might be expected, indeed, to bring on a fwelling in the glands with which thefe nerves had the moft immediate communication, and

as its corroding properties are much weaker than other preparations, it should not be employed in this case.

I am now, it will be recollected, speaking of the application of caustic to a primary venereal ulcer, with a view of preventing the propagation of contagion. I mention this, that I might not be charged with inconsistency; for in venereal sores of another description, this preparation is one which I shall hereafter particularly recommend.

Of all others which have been employed with this view, the lunar caustic, as it is called, has the decided preference; for besides its being so immediate in its operation, it is much more limited, and does not diffuse itself as is the case with caustics of a different description, which sometimes occasion a sore twice or thrice as large as that for which it was applied.

In an irritable habit, I always recommend a quantity of opium to be taken inwardly, when I have found it necessary to apply caustic; by this means the excitement, but not the efficacy of it is diminished, and the patient rendered

rendered secure from the evils which are supposed to accompany this treatment: so that I can declare with the greatest certainty and assurance that bubo, from this cause, though I have pursued the method in a great variety of cases, has very rarely taken place, and when it did, was, in my opinion, not in consequence of the caustic being then applied, but from its having been delayed too long. Though the application of caustic is one of the most essential remedies in the cure of a chancre, as it is very obvious its influence cannot extend beyond the spot where it is directed to; if there is an absorption of matter, this will have no property of arresting the progress of it, therefore mercury, even in this stage of the disease, becomes necessary, and should be so employed as to produce a sensible effect upon the constitution, which ought to be continued without intermission for two or three weeks. It should, therefore, be laid down as a rule to recommend mercury in all those cases, since we cannot ascertain by any criteria of which we are at present possessed, whether absorption has taken place or not. I except these

cases

caſes in which the venereal diſeaſe acts as a cauſtic itſelf, corroding the ſubſtance of the penis, and occaſioning large portions to ſlough off, for which bark and opium are the moſt powerful remedies. It is not often that one application of the cauſtic proves ſufficient, and therefore we ſhould repeat it every ſecond or third day, till there is every reaſon to believe the diſeaſe is deſtroyed. To this there can be no objection, for after the firſt dreſſing of this kind, we ſhall be fully informed of the nature of the conſtitution, and of its ſuſceptibility of ſuch ſtimulants, and any repetition of what has been found ſalutary, may be had recourſe to without apprehenſion. If the cauſtic, when firſt applied, covers the whole extent of the ſore, ſome might imagine every benefit to be obtained from this remedy, muſt be anſwered; but this is not exactly the caſe, for it will happen that the poiſon of lues venerea, will not be confined to that ſpot on which it firſt ſhews itſelf, it will break out in two or three places contiguous to each other, each of which require the ſame diſcipline, but not manifeſt-ing themſelves at the ſame time, and it not being

being adviſeable to apply cauſtic, but where there is decidedly a neceſſity for it, they muſt be treated ſeparately, according to the order in which they ariſe.

When the ulcer is much more extenſive, this practice is not ſo proper, it will be better to adopt a kind of palliative treatment; the ſore ſhould be covered with calomel, or waſhed with a ſolution of corroſive ſublimate, in the quantity of two grains to eight ounces, or a lotion made with the extract of lead.

No. 11.—℞. Extract. Saturni. ʒj.
Tinct. Opii. ʒij.
Aq. Comm. ℥viij. m. f. Lotio.

As a means of checking the progreſs of a venereal ulcer, this is as good as any of the various forms which have been recommended; nor do I think its effects are limited merely to this point, for the increaſe of the venereal poiſon muſt, no doubt, depend on the action which is excited, whereby the fluids of that part are aſſimilated to itſelf, and the uſe of ſaturnine applications, ſuch as No. 11, are

known to be ſingularly efficacious in ſuppreſſing this excitement. It will be ſcarcely neceſſary to obſerve, that the more extenſive the ſore, the greater the danger of abſorption, and the greater the neceſſity of mercury.

When the diſeaſe has proceeded along the courſe of the abſorbent veſſels, it is carried to the glands, which are in the neighbourhood, where meeting with an interruption, it gives riſe to that particular ſtage of the diſeaſe, which I ſhall hereafter treat of ſeparately, known by the term bubo; but this is not always the progreſs, for in ſome it is not carried ſo far in the courſe of circulation. In many, I have known it fixed at the root or baſe of the penis, which is a very dangerous occurrence, and what requires the moſt immediate aſſiſtance. From this ſtate of things, I have met with the moſt diſtreſſing conſequences, for this endangers the total loſs of the penis, the bones of the pubis being covered with looſe integuments, the matter which is produced in conſequence of inflammation taking place here, inſinuates itſelf very rapidly to a conſi-

a conſiderable depth, forming ſinuſſes of an alarming magnitude. I have met with ſeveral caſes where the whole penis has been deſtroyed by this kind of proceſs, and even where the ulceration has extended its ravages to the ſcrotum, laying bare the teſticles, and gradually extending towards the anus, as well as along the groin; ſometimes deſtroying the patient by the violence of the irritation, or if he recovers, leaving him for life to regret the conſequences of his indiſcretion and misfortunes.

In thoſe caſes where the penis has been thus deſtroyed, I have remarked the ſore became much more irritable and unmanageable than before this effect took place, which I have attributed not merely to the irregular progreſs of the diſeaſe, or to the matter becoming more virulent, but to the patient's ſtate of mind; for as he can never hope to retrieve ſuch a loſs, however ſpeedily he may recover, he conſiders himſelf as ruined, which in fact he is, by what has befallen him.

Whenever this happens, that is to ſay,

whenever, in conſequence of the abſorption of matter from a chancre, a tumor ariſes juſt at the baſe of the penis, we ſhould uſe every effort to diſperſe it, by adminiſtering mercury without delay, and more eſpecially by enjoining ſtrict confinement and quietude.

Efficacious as mercury is known to be in the cure of the diſeaſe, it will not have much influence in preventing the progreſs of theſe affections, unleſs favoured by reſt. It is true, when mercury has been previouſly uſed, if the tumor breaks, the ſore will heal much more kindly; but it will not diſperſe it without an attention to what I have juſt laid down. If from a neglect of this, or from the mercury not affecting the conſtitution, or from the diſeaſe having advanced too far before the remedy was employed, the tumor becomes ſoft, and tends to ſuppuration, it ſhould be opened with a lancet: this practice is not ſo eſſential with reſpect to buboes or tumors formed in the groin, much caution is there required in not opening them too ſoon, and it is in many inſtances the moſt judicious practice to ſuffer them

them to break without being opened; but in the cases above alluded to, this is of the highest importance; for when they are opened, the practitioner is surprised to find a sinus so deep as generally presents itself, and which would have increased in extent every hour the operation was deferred. I think likewise, when this happens, that the venereal disease is more active than in ordinary cases, or what is the same thing, that the constitution is more susceptible of it, otherwise no interruption to its progress would have taken place till it had reached the groin.

In the treatment of these cases, after the matter has been evacuated by the operation, the further assistance requisite will be, to press the sides together, in order the more effectually to discharge the contents of the cavity, and to bring the sides of it together, and then to fill the whole with the mercur. præcip. rub.

In some situations it is adviseable to prevent the formation of sinusses, by laying open the cavity with a free incision; but here we are often deprived of the benefit of this prac-

tice, as the ſituation of the blood-veſſels will not admit of it, we ſhould therefore uſe more than common caution in dreſſing the wound, to convey our applications to the bottom.

I have ſometimes known an ulcer of this deſcription make a kind of perforation, ſo that it was neceſſary to follow it with a probe before the dreſſings have reached it. For want of accuracy in this particular, a perſon may be very much deceived, and a patient very much injured, becauſe the general ſurface of the ſore from having the precipitate in contact with it, will aſſume a healthy granulating appearance, and yet the evil be gradually extending.

Though cauſtic dreſſings of any kind almoſt will be proper, I think the powder recommended claims the ſuperiority, for it acts likewiſe as an abſorbent; it ſhould therefore not be applied ſlightly, but ſhould be ſufficient to fill the whole cavity. It will be proper alſo to repeat this kind of diſcipline twice or even oftener every day, as the diſcharge which is produced ſhould never be ſuffered to lodge on the ſurface of the ſore. It will ſeldom be found neceſſary to uſe any other application,

if the precipitate is begun with in time, and properly perſevered in; but the edge of the ſore will require to be touched frequently with lunar cauſtic, that when the ſore is filled up from below, it may be properly cicatrized, which will depend entirely on this part of the treatment; neither is this an inſignificant part of the cure; for if it is not properly cicatrized, it is liable to inflame and ulcerate, or if this even does not happen, it is very unpleaſant to married men to bear about them theſe veſtiges of their former gallantry.

When the treatment which has been juſt now adviſed, has been neglected, and the ſore ſuffered to proceed to the extent above deſcribed, the patient's health begins to fail, he becomes feveriſh and irritable, the uſe of mercury exaſperates his ſituation, the precipitate fails to be attended with the beneficial effects for which it is in general ſo remarkable; then we are obliged to reſort to other means. The bark and opium, as conſtitutional remedies, become then indiſpenſible.

penſible. Opium ſhould likewiſe be applied to the ſore, either by ſprinkling very fine powder, or by a watery ſolution, or a weak ſpirituous ſolution. It is very deſirable, in theſe caſes, that the practitioner ſhould be in poſſeſſion of different remedies, ſuch being the precarious ſtate, that thoſe things on which we are diſpoſed to place great reliance, do not always anſwer our expectations, and even in the ſame patient; the remedy which agreed with it at firſt, loſes its properties, and renders it neceſſary to try another. Camomile powder, which was firſt employed I believe by Mr. Home, has, in ſome inſtances, made a favourable alteration on the ſore.

Hemlock fomentations are of great uſe in allaying the violent irritation.

I have tried the oleum lini (ſine igne), in theſe caſes, with very happy effects.

A change of air and ſituation will ſometimes aid the means employed, and ſhould not be omitted, for it muſt be confeſſed, no ſpecific remedy can be expected from local applica-

applications in the cure of ſores of any deſcription, which moſt materially depend on the ſtate of the conſtitution.

Of Bubo.

The term bubo, according to its original ſignification, implies ſimply a tumor, and does not convey the idea of any ſpecific infection whatſoever; a circumſtance which it will here be proper to mention, becauſe bubo is found to ariſe from various other cauſes, beſides venereal infection.

There are ſeveral different ways in which this ſymptom originates, thus it is produced by abſorption from the ſurface of an ulcer, as is the caſe in chancre; it may originate in abſorption of matter from a ſecreting ſurface, as in gonorrhœa. It likewiſe will be produced by the introduction of matter through the ſkin on which ulceration has been produced, and which therefore may render the nature of the complaint ſome-

what

what obſcure. In whatever way this ſymptom is thus produced, as it is owing to the application of the exciting cauſe to the gland itſelf, it is properly denominated idiopathic bubo. But there is another mode by which the ſame ſymptom may be induced, different from either, and which it is of the utmoſt conſequence to underſtand, as it is totally different in its progreſs and conſequences, and ought therefore to be differently treated, which is this: that an irritation excited at ſome diſtance from the part where the bubo is found to ariſe, ſhall be capable of producing it merely by ſympathy, that is to ſay, without the application of any irritating matter to the gland itſelf; this is known by the title of ſympathetic bubo. To underſtand this more correctly, (for I do not preſume every reader is an anatomiſt) it will be neceſſary to ſay a few words with regard to that particular part of our ſyſtem, by which the proceſs of abſorption is effected.

On every part of the ſurface of the body,

dy, ſmall veſſels open, which are called lymphatic or abſorbent veſſels, their functions being to abſorb ſuch ſubſtances as are applied to them, and carry them into the circulation; and thus indeed we are enabled to produce ſuch powerful effects on the conſtitution by inunction of mercurial ointment; a circumſtance which I here curſorily mention, as I have found ſome perſons who have not been ſatisfied with the efficacy of this mode of treatment. At a certain diſtance from the orifices of theſe veſſels, juſt now mentioned, are ſmall glands, which are ſubſtances compoſed principally of the ramifications of blood-veſſels connected together by a curious and complicated kind of net-work. Through theſe glands the ſubſtances which are abſorbed, muſt paſs before they can get into the general circulation, or in other words, before they can get into the blood; and it is the irritation excited on theſe glands which produces bubo. I believe, therefore, (which I don't think is a univerſal opinion) that the intention of nature in providing this particular apparatus, is to guard againſt

the introduction of ſuch ſubſtances as are likely to prove hurtful to the animal œconomy; for though they may not irritate or ulcerate the ſkin, though they may paſs along the abſorbent veſſels without injuring them; yet as ſoon as they come in contact with theſe parts, inflammation is produced, and their further progreſs is prevented. This opinion of the abſorption of the venereal poiſon from the ſurface of the ſkin without chancre or ulceration, was, I think, firſt ſuggeſted by Dr. Turner; at leaſt he has noticed it, and it has ſince been confirmed by Mr. Hunter, who diſtinguiſhed it by the term *ſilent* abſorption.

This ſtate of parts is therefore highly beneficial, the glands may thus be conſidered as guardians to the conſtitution, which immediately ſound an alarm in caſe of danger; but ſuch is the ſuſceptibility of theſe parts in ſome particular perſons, that inflammation, enlargement and pain, will ſupervene, as juſt ſtated, even when the irritation is at ſome diſtance. It will be naturally ſuppoſed, however, that the ſame treatment will not be ap-

plicable to theſe different caſes. That which is the conſequence of venereal matter being abſorbed, will abſolutely demand mercury; whereas that which is the effect of ſympathy with ſome other part, though that part may be affected with the diſeaſe, may be cured without it.

A gentleman with whom I am well acquainted, applied to me about three weeks ſince on account of an incipient bubo in the groin, which he was unable to account for; he was a married man, and aſſured me he had not ſtrayed from his own bed, neither had he any ſore or ſwelling about the private parts, or any uneaſineſs or diſcharge whatſoever, and yet he certainly had a bubo with conſiderable tightneſs and pain in the vicinity of the inguinal glands. After ſeveral queſtions, I very ſatisfactorily aſcertained the cauſe, for he had got a boil on the poſterior part of the right buttock, which he had irritated very much by picking off the head of it, and thus the pain and ſwelling in the groin was produced. By proper applications to the original diſeaſe, he was cured in a few days without any internal

remedies, or without doing any thing to the bubo itſelf, except allowing it reſt. Had I not been aſſured of this patient's veracity, and aware of the frequency of ſympathetic bubo, I might have been betrayed into an opinion which would not have tended to improve his health, or heighten his felicity.

Before I proceed, therefore, to the conſideration of the treatment which would be proper for the cure of venereal bubo, I think it neceſſary to point out thoſe characters by which the diſeaſe may be identified.

In the venereal bubo it will generally be found that chancre has preceded it. In by far the greater proportion of caſes, chancre is the ſource from which it proceeds; but it may ariſe from ſympathy, even when chancre has preceded, and therefore this alone is not a ſufficient criterion.

It will be recollected that in treating of chancre I mentioned one ſpecies as being more rapid and alarming in its progreſs, and that in theſe caſes, not only the ſore itſelf had an angry irritated appearance, but even the whole conſtitution ſeemed to partake of the ſame morbid

bid excitement. If a patient ſo ſituated is oblig-ed to walk much, in all probability a bubo will come on, which may be conſidered ſympa-thetic; ſo it often happens likewiſe that chan-cre is accompanied wi[illegible]orrhœa, which is known very frequent[illegible]e accompanied with ſympathetic bubo.

A gentleman conſulted me ſome few months ſince, who is not of a very gay diſpoſition, and only once in five or ſix weeks indulges in venereal pleaſures (at leaſt ſo he tells me). From one of theſe adventures he found it ne-ceſſary to apply to me, about ten days after the time of connection: he had then a chan-cre, a very violent gonorrhœa, and a bubo on each ſide. One of theſe very ſoon diſappear-ed, the other proved more obſtinate, and as he was not able to allow himſelf proper reſt, it went on to form matter, then broke, and afterwards healed kindly.

This is a caſe very intereſting in itſelf, and will admit of ſome reflections.

In the firſt place, it will ſhew with ſome force the identity of the two poiſons, as they

have

have been preſumed to be, which produce chancre or gonorrhœa, for the two ſymptoms were the reſult of the ſame connection. It likewiſe ſhows, what has not been noticed, that a bubo ma[illegible] on one ſide from the abſorption of th[illegible]eal poiſon, and on the other ſide from ſympathy with that which was primarily affected. This will be found of conſequence to be attended to in practice, as will appear when treating of the cure. Again, in the idiopathic bubo, there is very often an inflammation along the courſe of the lymphatic leading from the chancre to the bubo, which will ſerve as a guide to our opinion.

A preſumptive evidence may likewiſe be drawn from the progreſs of the tumor, for though we cannot tell preciſely with what degree of rapidity abſorption is carried on, and though it probably varies in every individual, yet a few days are neceſſary for it to produce any ſenſible enlargement upon the gland itſelf, which is at firſt very inconſiderable, and increaſes rather ſlowly at firſt, neither is there

that univerſal pain and uneaſineſs along the whole region of the groin, as is the caſe under ſympathetic bubo.

There is this remarkable difference with regard to theſe two ſpec[illegible]mpathetic bubo ariſes very ſuddenly, a[illegible]eaſes very rapidly to a certain ſize, and then becomes ſtationary, not increaſing in bulk, or proceeding to ſuppuration; whereas the idiopathic or infected bubo, as we may call it, is very ſlow at its commencement, but when it is arrived at a certain ſize, proceeds ſo ſoon to ſuppuration, that every attempt to prevent it will frequently prove ineffectual.

Beſides theſe marks of diſtinction, others ſhould be taken into conſideration.

If a bubo has ſucceeded chancre, there is much greater reaſon to ſuſpect it to be venereal, than when it has been preceded by gonorrhœa. It is ſuppoſed by ſome authors, whoſe practical knowledge entitle them to attention, that one half of the buboes which occur from gonorrhœa, are ſympathetic. If I may ſtate the reſult of my own experience, I would

would extend it to a ſtill greater number, for I think two-thirds of them are not venereal. In forming our opinion of the nature of this ſymptom, we ſhould have an eye to the conſtitution, as wel[illegible]bits of the patient.

Scrophulous p[illegible] are very liable to glandular ſwellings, therefore, cæteris paribus, much more likely to be affected with ſympathetic bubo; ſo alſo, if a perſon has had a chancre only one or two days, which has been treated by cauſtic; if the pain from this application has been very conſiderable, it may be preſumed to have excited the ſwelling. From theſe different circumſtances, ſeparately and collectively conſidered, we ſhall be able to determine, with tolerable certainty, what is the real nature of the diſeaſe.

Of the Cure of Bubo.

There are two general indications to be had in view in the removal of this ſymptom, the one is to attempt the diſperſion of it, the other to promote its ſuppuration. It was ſuppoſed

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by the ancient practitioners, that the difperfion of a bubo ought never to be attempted, as it was confidered an effort of nature to throw out the venereal poifon, an opinion which moft probably took its rife from this circumftance, that under the influence of contagious difeafes, the conftitution made an effort to relieve itfelf, by forming abfceffes and buboes. It is not an unufual termination to fevers, the formation of a large abfcefs in fome part of the body, hence it has been called critical abfcefs; and difeafes of a more formidable and peftilential nature, as the plague, when they produce bubo, afford fome profpect of recovery. It was no unnatural conclufion, therefore, which fome practitioners made, that this fymptom when originating from a venereal caufe, was a fimilar confequence. In reality, however, it is totally different; whenever bubo arifes from a venereal infection, it is an effect which takes place prior to the conftitution's being affected, and never does happen as a fecondary fymptom, that is to fay, the venereal matter having

contaminated the whole habit is never depofited on a gland, at leaft I would fay never on the glands in the groin, fo as to produce bubo: this is an eftablifhed propofition, fo that we ought by no means to be deterred in our practice, by the idea of interrupting the efforts of nature; for though the tendency which the human body has to repair, as well as to refift injury, will enable it in many inftances to counteract the effects of contagion; it is altogether inadequate to ftop the progrefs of venereal infection.

There are two claffes of fymptoms peculiar to this complaint, diftinguifhed by the terms *primary* and *fecondary*, under the firft divifion is included all thofe fymptoms, which are merely local; under the fecond all thofe which arife from the whole fyftem being contaminated, and which is the confequence of inattention to the firft ftages of the difeafe, and perhaps more than any other to the improper management of this fymptom, which we are now confidering.

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ſeconding the intention of nature, by promoting the formation of matter, we ſhould endeavour ſtrenuouſly to check its progreſs by diſperſing the ſwelling. To this practice there can be no rational objection; but in order to convince the reader of its propriety, it will be requiſite to expatiate a little on the propagation of morbid poiſons. Suppoſe, for inſtance, a perſon introduced into this country labours under the primary ſymptoms of lues venerea, as chancre or gonorrhœa, if the diſeaſe had never been known here before; this perſon would communicate it to the female with whom he had connection; by the ſame ſexual intercourſe this woman would tranſmit it to another, and by this kind of propagation, the whole country would in time be infected. Now it can never be preſumed that the particles of poiſon which one individual introduced, could by its diffuſion contaminate a nation; it muſt have multiplied itſelf by either exciting ſome action or ſome fermentation in the perſon to whom it was applied. If this is the caſe, as I think it impoſſible to deny, it is evident that

we ought to allay that action, or that fermentation, whereby the poison is produced.

I am not now recommending a novel practice on an uncertain hypothesis, for experience has amply ascertained its superiority; but every rational practitioner must feel solicitous to reconcile practice with principle. Had this reasoning been applied to the small-pox, the lives of thousands would have been saved. As the eruption was supposed to be the efforts of nature to throw off the offending cause, every window and door was closed, no aperture or crevice was allowed to admit fresh air, lest this process should be interrupted. The consequences of which were dreadful beyond our present conception; but when the sagacious Sydenham subverted the practice of his predecessors, by adopting the cool plan of treatment, by exposing his patients in the height of the fever, to cool air, he rendered this formidable disease comparatively insignificant.

The dispersion of a venereal bubo is not to be effected in the same manner as the reduction of simple inflammation, or at least those means

means alone will not be ſufficient; if a bubo of this deſcription has got to any conſiderable ſize, it will require, it is true, the application of ſimilar remedies, in order to abate the inflammation; but when this ſymptom is not in any formidable degree, the moſt effectual remedy will be the adminiſtration of mercury. It has been recommended by ſome perſons to apply mercurial ointment to the ſurface of the bubo itſelf; but this practice is founded in error, the application of mercury in this way not bringing it in contact with the tumor itſelf, as the lymphatics run in a different direction, at the ſame time that the friction applied to the part, by irritating the ſkin, has a much greater tendency to forward than to diminiſh the ſwelling.

Whenever chancre has preceded bubo, as we can then aſcertain the progreſs of infection, we ſhould rub in the mercurial ointment along the part leading from the ſore; indeed in any caſe, even ſuppoſing chancre does not exiſt, it will be adviſeable to anoint the whole ſurface of the penis; for as the diſeaſe is caught by carnal copulation, the poiſon is in all caſes

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probably conveyed through the same vessels; or at any rate the mercury, by passing through these vessels, will reach the seat of the disease. But mercury applied to so small a surface, will not possess sufficient activity to check the action of the venereal poison; it is therefore generally recommended to rub in a drachm or two drachms of the mercurial ointment along the inside of the thigh of that side where the swelling appears, a practice certainly very judicious. But here I must beg leave to point out a circumstance which ought always to be attended to. Though the mercurial ointment is a preparation of this mineral, which is known to be very powerful in curing lues venerea, the particular state of the skin in some persons renders its action very precarious. I have known some who have rubbed in with great diligence every night for upwards of a fortnight, under the most favourable circumstances, without being sensibly affected, and this where the patient had not been accustomed to the use of the remedy, owing no doubt to the want of absorption from the surface of the skin. If a patient of this description, then, had labour-

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ed under bubo, and relied for its diſperſion on this treatment, it is very obvious he muſt have been diſappointed.

It is therefore always proper to adminiſter mercury internally, when it is intended to diſperſe a bubo, otherwiſe whilſt we are waiting for the effect of the ointment, the ſwelling may proceed to ſuppuration. It is an object of ſo much conſequence to the patient to prevent this termination, ſo much pain and diſtreſs is hereby obviated, that a practitioner ſhould be very careful to enforce the obſervance of ſuch treatment, as the patient himſelf may not deem it ſufficiently important.

One material agent in the cure of this ſymptom, is the obſervance of reſt and confinement; the general ſituation of buboes renders them unfortunately very liable to be acted upon by every motion of the body. I have ſo frequently ſeen theſe caſes terminate in ſuppuration, which might have been diſperſed, that I cannot too ſtrongly inculcate the neceſſity of being attentive to this point.

After the inflammation has been in ſome meaſure abated by the uſe of active purgatives, we

we then commence the uſe of mercury as juſt now adviſed, obſerving at the ſame time to adminiſter opium combined with antimony every night.

From the experiments of the learned Mr. Pearſon, whoſe veracity and abilities no one can doubt, it appears that opium, as well as various other articles of the materia medica, has a power of checking the progreſs of the venereal diſeaſe; herein then it may be uſed with double advantage, for beſides this property, it will prevent thoſe effects which ſometimes attend the uſe of mercury.

Mr. Benjamin Bell of Edinburgh ſuppoſes indeed that the advantages of opium under this ſituation, which he acknowledges to be very conſiderable, are owing entirely to its allaying irritability, but this can hardly be admitted.

When by the adoption of this plan, the bubo begins to diminiſh in ſize, and becomes much leſs painful, we have only to proceed a ſufficient length of time in the ſame remedies to complete the cure, taking care to moderate the action of the mercury. This will be of

importance,

importance, becauſe the patient's recovery will depend in this, as under every other ſtage of the venereal diſeaſe, on the regularity and continuance of this treatment. If the mercury diſagrees much, he will be obliged to deſiſt from it, before he has uſed ſufficient to render him ſecure from a relapſe.

Aſtruc, Wiſeman, Turner, and ſeveral other authors on this ſubject, have adviſed the repeated uſe of purgatives in this caſe; that as ſoon as the mercury began to affect the mouth, a purgative ſhould be given to carry off the humors, and to allay the ferment, as they expreſs it; but this practice is now obſolete, the venereal virus not being eradicated by any evacuations whatſoever, and every interruption to the mercurial action proving an impediment to the cure.

How long it is neceſſary to purſue the uſe of mercury when bubo has made its appearance, is a queſtion of ſome nicety, and muſt entirely depend on the effects which it has produced, and the progreſs of the cure. We are inclined to judge of the effect which mercury has upon the conſtitution, from the ſtate of the gums, but this is fallible. A perſon of a

ſcorbutic habit may have the mouth ſeriouſly affected, and to that degree even that it will be prudent to deſiſt for fear of mortification, and yet the conſtitutional effects be very trivial. We are to judge rather by the pulſe, by the appetite, and by the thirſt; if the pulſe is quickened, and the patient is reſtleſs and uneaſy at night, we may fairly infer this diſturbance ariſes from the mercury; and as the appearance of bubo is only a local and primary ſymptom, the ſame length of time as was adviſed for chancre will here alſo prove ſufficient, which is between three and four weeks.

When the efforts we have made to accompliſh the reſolution of the tumor, prove ineffectual, and matter is evidently formed, we are next to conſider in what way it can be moſt beneficially diſcharged. The opening of theſe tumors muſt either be ſpontaneous or artificial, and when the latter is preferred, it may be done either by cauſtic or the knife.

There has been much controverſy among medical men with regard to this ſubject; thoſe who have recommended the uſe of inſtruments, maintain that they can hereby make ſuch a free inciſion as will effectually prevent the for-

mation

mation of fiſtulæ, but this reaſoning is more ſpecious than correct.

It is only in ſome particular caſes that theſe fiſtulæ are to be apprehended, and independent of this ſuppoſed advantage, there are many cogent objections to the practice.

In all ulcerated ſurfaces, it is of importance to allay, as much as poſſible, the irritability of the part; this is in no caſe more eſſential than in venereal ſurfaces. I have known inſtances of perſons who from merely reſiding in a ſituation where the mind was ſomewhat haraſſed, have had the venereal ſore more exaſperated and inflamed, and chancres from the ſame cauſe frequently increaſe in ſize and malignity.

The uſe of a cutting inſtrument, therefore, ſhould for this ſame reaſon in general be laid aſide; as in the firſt place, the patients who are under the action of mercury, are ſo extremely intimidated at ſuch a proceeding, that they tremble at the idea of an operation, which on another occaſion they would have ſubmitted to with alacrity; beſides, that the part where the puncture or inciſion is made is in a diſeaſed ſtate, and not fit to be reunited; ſo that the

ſurgeon is obliged either to repeat the operation and remove the edges of the ſore, or to effect the ſame purpoſe by applying cauſtic. As this will, in all probability, be required, it is therefore a judicious practice to open buboes, when in a proper ſtate, by cauſtic, and not by inciſion.

Some will poſſibly imagine they diſcover an inconſiſtency in this advice. if I ſay that we ſhould not irritate theſe ſores, why then apply cauſtic? but this is not a paradox, in many very irritable ulcers, that irritability is removed by cauſtic dreſſings, which would be increaſed by unctions and emollient applications.

After all, the principal queſtion with regard to ſuppurating bubo, is not ſo much the mode of evacuating the matter as the plan which ought to be purſued relative to internal remedies. It muſt appear obvious to every perſon that as a bubo is here occaſioned by poiſon, that poiſon ought to be deſtroyed as ſpeedily and effectually as poſſible. The more completely the venereal action has been ſubdued by mercury, the more readily will the ſore heal; and therefore this ſhould be continued, even whilſt the bubo is in a ſuppu-

rating condition. Some recommend the uſe of plaiſters, ſuch as the warm gums, the diachylon with the gum, &c. but theſe irritate the ſkin, become entangled in the hair, and are in all reſpects leſs proper than the poultices, of which the linſeed meal and warm water is one of the beſt, and this may be rendered more active by diſſolving in it ſome ſtimulating ointment.

In the treatment of theſe caſes we ought always to bear this circumſtance in our recollection, that a bubo may continue after the cauſe producing it is removed; and what is equally eſſential for our conſideration, that new diſpoſitions may be induced in a part by that cauſe which has been thus overcome. Though mercury will be very neceſſary to the cure of bubo, it can only be advantageouſly employed within certain limitations; and an ulcerated bubo frequently becomes exaſperated during its uſe. Whenever this happens, we muſt vary our practice. If when the conſtitution is evidently acted upon by the power of mercury we find no amendment, but on the contrary an aggravation of the diſeaſe, it

would be more than folly to persist in the same means, and this I believe is the only criterion by which we can be governed.

Long and repeated experience has taught us in this predicament to rely on the use of bark, opium, and sarsaparilla.

In many such instances I have employed the volatile spirit with great advantage, and have combined it with aromatics.

The following simple formula answers very well.

No. 12.—℞. Sp^{t}. C. C. g^{t}. xxx.
Pulv. Aromat. gr. xv.
Aq. Distillat. ℥iss.
M. f. Haust. ter die sumend.

When a bubo has broke, or has been opened and thus changed to an ulcer, much will depend on proper dressings.

A surgeon should make very free with caustic applications at first, in order to bring it into a smooth granulating surface. Though the edges of the sore are in general so thickened and diseased as to render their removal necessary, this will not be requisite till we have improved the bottom of it, and have brought on healthy granulations; for this

purpose

purpose the red precipitate, as it is commonly called, answers best, or solutions of lunar caustic.

It is observed sometimes with regard to venereal ulcers, as well indeed as with others which do not partake of this nature, that after going on favourably and progressively to heal, they change their characters and become more painful and extensive; this is owing to some constitutional alteration. Change of air, in general, does more here than any professional skill, nevertheless a great deal may be done by varying the dressings. It is in such cases, I think, that the application of powders to the sore answers best; for as the discharge becomes more thin and acrimonious, it must by absorbing it prove a defence to the sore.

For this purpose some have recommended chalk. Mr. Home lays great stress on rhubarb and columbo, others prefer and extol chamomile flowers powdered. They all possess merit to a certain degree, but it would be ignorant and empirical to propose either of them as a specific, since every unprejudiced and scientific surgeon will confess that

the progreſs of an ulcer depends more on the ſtate of the conſtitution than any other cauſe, which local remedies have no power to correct.

I have experienced great advantages in ſome of theſe caſes from the uſe of the oleum lini (ſine igne) or cold-drawn linſeed-oil. Mr. Cline tells us that in very deſperate cancerous ulceration he has ſeen this ſo far efficacious, as to abate its malignancy, and even to make it heal in ſome places; from his obſervations I was induced to employ it here, and have great confidence in aſſerting its efficacy.

Laſtly, I would obſerve that much will depend on the patient's ſtate of mind. I remember one very unfortunate caſe which was in the Locke-Hoſpital: A young lad not nineteen years old had by neglect loſt his penis entirely; and though he was now, as may be ſuppoſed, under the moſt able practitioners, the ulceration increaſed rapidly, a portion of the ſcrotum ſloughed and laid the teſticle bare, and the ulcer extended along the groin likewiſe. In this caſe, I am firmly perſuaded, the idea of his ſituation contributed in no ſmall degree to augment his ſufferings.

THE END.

A CHRONOLOGICAL ACCOUNT OF THE AUTHORS WHO HAVE WRITTEN ON *LUES VENEREA, &c.*

CONTINUED FROM THE YEAR 1735.

AS the learned Dr. Aſtruc has obliged the world with an hiſtorical and critical account of the various writings relative to the ſubject of the venereal diſeaſe, which had appeared in the world from the firſt introduction of the diſeaſe itſelf, to the date above mentioned, it will be an unneceſſary undertaking to repeat what he has already ſo judiciouſly performed. Whoever wiſhes to be informed of the opinions that have been entertained by medical authors, prior to the date above mentioned, may ſatisfy his curioſity by a reference to thoſe works which he has collected and enumerated.

But if this task was considered worthy the attention and application of such a character, it will surely not be less desirable that the works which have since made their appearance, should be recorded in a similar manner, and the student be enabled to choose those most entitled to perusal.

Without attempting to disparage, or depreciate the merit of the ancients, it will be but justice to assert, that surgery has been greatly improved within the last fifty years, and that this branch likewise has derived great advantages from the abilities of modern practitioners.

This alone would be an apology for the concise history which I purpose to deliver; but there is another no less forcible, for among the multitude of publications which this subject has given rise to, there are many which have no claim to attention, and which it would be altogether unprofitable to peruse; these, therefore, will be briefly pointed out, whilst the merits of more creditable performances will be considered in a manner more minute and extensive.

We cannot begin this detail with any person so properly as with the learned author whose name has just been mentioned.

In the year 1736, John Astruc, M. D. physician

ſician to the then reigning king of France, undertook to publiſh a complete hiſtory of the origin, nature and cure of the venereal diſeaſe; and whatever faults or imperfections criticiſm may detect, every one muſt admit he is entitled to conſiderable applauſe. In him we have an epitome of every thing which was at that period underſtood, and whether we conſider the arrangement or the diligence with which it was conducted, he is equally entitled to applauſe.

We muſt not, however, be ſo far prejudiced in his favour as to overlook the exceptionable part of his writings.

He has diligently collected whatever the ingenuity of his predeceſſors had ſuggeſted relative to the origin of the diſeaſe, and endeavours to prove that it was produced by the promiſcuous uſe of venery; an opinion which he conceives probable, becauſe the menſtrual diſcharge of women in hot countries is much more acrid and malignant than in temperate climates. He quotes Tavernier, a French traveller, who ſays, "that the women among the Caffries, and eſpecially on the coaſt of Melinda, are of ſo virulent a diſpoſition, at the time of their menſtrual diſcharge, that if the Europeans ſtand any time near the urine they have lately made, they ſhall not only be ſeized with a

fever and head-ache, but sometimes with the pestilence." From this acrimony and the lascivious propensities of the uncivilized inhabitants of the warmer climates, he concludes, originated lues venerea.

One can scarcely suppose this opinion could have been seriously accredited by our author, as it will by no means stand the test of scrutiny. Could lues venerea have been produced by sexual intercourse, and yet not known till the fifteenth century? I confess, for my own part, this requires greater credulity than I can boast of.

What seems to me more naturally to account for its origin, Dr. Astruc has treated with contempt, I mean the suggestion of Van Helmont, that it was from an unnatural connection with some animal, that this malady sprung. That diseases may arise spontaneously in some animals, is evinced by the hydrophobia of canine animals, and that their diseases may be transplanted into the human species, is proved by this as well as the cow-pox. I cannot help considering it an omission in this author, therefore, that he has thought proper to reject this opinion, without at least offering something in proof of its insufficiency.

Dr. Astruc is inclined to believe that the venereal disease, like many other dreadful disorders, will

will gradually become extinct; that even in his own time it had abated considerably of its original violence, and was gradually retiring from the world.

That the ravages of this dreadful poison should have been less formidable in Dr. Astruc's period than it was at first, may easily be admitted, because the efficacy of mercury was then generally known; and though they were not perfectly well acquainted with its application, they had found sufficient advantages from its use, to rely on it as the only specific. No one, then, would be so totally regardless of himself, as to neglect the means of relief which were both certain and attainable, till he had approached the most dangerous stage of the disease, and thus we can easily account for the melioration of symptoms. But let me ask the most judicious practitioner, let me ask the man whose extensive practice gives him opportunities of examining the question: If the disease is more tractable or less general than it was twenty years ago? Even with the improvements which surgery has received, and notwithstanding our familiarity with mercury, in a hundred varied forms, can we cure with greater certainty or greater expedition? So far from it, I will venture to reply, that judging from what I have read, for I can judge by no other

other rule of what has formerly occurred, and comparing it with the refult of my own obferva-tion, the difeafe was never more obftinate, com-plicated and anomalous than at prefent. The re-fpectable Mr. Howard, a furgeon of great emi-nence and long experience declares, that within his period it has undergone that change only, that it is lefs than ever under our management and controul. This brings no confirmation to Dr. Aftruc's opinion; it is upwards of fifty years fince he broached it, and if it had been correct, inftead of feeing multitudes fall victims to its violence, we fhould at this period have congratulated our-felves on the extinction of the difeafe.

This author has endeavoured to explain the na-ture of the poifon, but it will hardly be worth the attention of a practical reader to enquire what theories have been offered on this point, and I fhall not comment on doctrines which, however fubtile or ingenious, contribute little to the alle-viation of human mifery. It will be fufficient to mention, " That, in all probability, (fays Dr. Aftruc) the venereal poifon is of an acid or falfo-acid, corrofive and fixed nature, not much unlike the common corrofive waters, for from this pro-perty alone, the poifon feems fo difpofed to bring on an inflammation, exulceration and induration,

and,

and ſo unfit to convey the contagion preſently to a diſtance." The reader will ſubjoin his own remarks to this aſſertion, and determine how far it merits examination.

Upon the whole, we may conclude, that Dr. Aſtruc's work forms a valuable collection of the doctrines of his time, and as he has been both faithful and laborious, he has a ſtrong claim to our gratitude and admiration.

There are many publications which have ſince been brought forward, that will afford more practical inſtruction. Aſtruc was a compiler rather than an obſerver, and we can hardly ſuppoſe him ſo unacquainted with the diſeaſe of which he has given ſuch an elaborate account, as we diſcover him to be: of this I will only offer one proof. In the part which treats of chancre, he declares that it never occurs on the outer ſurface of the ſkin which covers the penis*, is a fact which every one at preſent muſt know is undeniable. I have now a patient with four chancres on this part, where he aſſerts one is never found.

* Ulcuſcula enim venerea, ut modo dicebamus, in viris balano quidem, balani coronæ, fræno, et internæ præputii parti inſident, *nunquam vero externæ ejusdem faciei, aut reliquæ cuti qua penis vestitur.*

Aſtruc de Morb. Vener. lib, iij. Ch. vij.

Dr.

Dr. Aſtruc's work has been accurately tranſlated into Engliſh, by Dr. William Barrowbey; but a ſecond edition publiſhed in latin by its author, is more copious and complete.

Aphrodiſiacus, containing a Summary of the ancient Writers on the Venereal Diſeaſe. 1ſt, Of its Origin; 2dly, Symptoms; and 3dly, Method of Cure. By an anonymous Author.

This being ſuperſeded by the more extenſive work laſt noticed, contains nothing to intereſt or improve, and it is owing probably to the celebrity of Aſtruc's publication, that for ſome time afterwards, no work of conſiderable conſequence made its appearance.

——— 1737. ———

About this time Dr. Armſtrong publiſhed a "Synopſis of the hiſtory and cure of venereal diſeaſes" in one octavo volume, which gives a very faithful and judicious abridgement of the various writers on this ſubject. He has begun with Sebaſtianus Aquilianus, who publiſhed in 1498, and concluded with Dr. Aſtruc, whoſe writings he epitomized. There is little room for remark on this

this performance, but it may be aſſerted that he extracted the marrow of his authors.

In the Year

—— 1738. ——

appeared a tranſlation of

A Treatiſe on the Venereal Diſeaſe, containing a Method of curing it without Salivation, Danger, or great Expence, by Pierre Deſault, M. D. Member of the College of Phyſicians at Bourdeaux. By John Andre, M. D.

The moſt prominent and peculiar object of this work, is to enforce the practice of giving purgatives, and to carry off the diſeaſe by the ſecretion from the bowels.

We are not likely to be miſled by this author at the preſent day, when the moſt ignorant is aware of the inſufficiency of his preſcription; but to ſhew how ingeniouſly a man may reconcile his theory with his practice, when the mind is entangled by prepoſſeſſion, I ſhall ſelect the following paragraph. "Now, ſince evacuation by ſtool depreſſes the ſalivation, and as in return ſalivation locks up the belly, as theſe evacuations increaſe and diminiſh at the expence of each other, ſo that I have often compared them to two beams of a ſcale, one riſing as the other falls; theſe certain

facts, known by all practitioners, prove indisputably that the same matter which furnishes the flux of the belly, supplies also salivation; wherefore it is not material to the safety of the cure, which way the evacuation is made." This is being egregiously mistaken.

In succession to this appeared

A Treatise on the efficacy of Injections in the Cure of Virulent Gonorrhœas, &c. in a Letter to the College of Physicians. By J. Garrick, Surgeon.

A very trifling pamphlet, and not deserving any particular consideration.

About this time, Mons. Daran, a practitioner in Paris, having made himself notorious in the treatment of disorders of the urethra, Mr. Tomkyns, an English surgeon, went there in order to acquire some information from this gentleman, with whom he continued some time as an assistant, and on his return published a translation of his works, entitled

Chirurgical Observations on the Disorders of the Urethra.

The principal doctrines inculcated in this publication are the existence of ulcers in cases of gonorrhœa,

norrhœa, and that obſtructions to the paſſage of urine, are owing much more commonly to caruncles and carnoſities, than ſtrictures or contractions of the canal. Theſe complaints he profeſſes to cure "when no other man can."

The intelligent reader will not require to be told that this opinion of the exiſtence of ulcers and carnoſities is founded in error, ulcer under gonorrhœa being a very ſingular occurrençe, and caruncle and carnoſity ſeldom known to exiſt. This was believed to be the caſe by thoſe whoſe anatomical inveſtigations beſt qualified them to judge even at that period. Dionis and Palfyn, contemporaries with Daran, after repeated examinations of thoſe who died, poſitively diſavowed the exiſtence of caruncle in the urethra, which was likewiſe maintained by Monſ. Petit, and De la Faye, both men of rigid veracity and accurate reſearch; but our author by a ſingular manœuvre endeavours to invalidate their evidence. For, ſays he, *as the number of thoſe bodies which have not been examined, is infinitely greater than thoſe which have, the negative argument of the latter proves nothing.*

As to the benefits of Daran's practice, it is of little uſe for us to enquire; he had not the liberality to communicate his diſcoveries, as he terms them, to the world, and is no better, undoubtedly,

ly, whatever might have been his rank or his celebrity, than a dignified empiric. By his public avowal of ſuperior ſkill (to which confeſſion his modeſty proved no obſtacle) he contrived to draw a multitude of patients to him, and ſome of the caſes are intereſting and important; but the pretence to ſome ſecret property in the compoſition of his bougies, ſhews us that little dependance is to be placed in the rationale of his practice.

The tranſlator has endeavoured to excuſe Daran for concealing his remedies, by aſſigning for it no very flattering reaſon, for like many other valuable remedies, ſays he, when once known, it would be ſoon forgotten; and as ſome would have been for adding, others for curtailing, the original recipe would have been loſt in the multitude of alterations. From this ſlight delineation of the character of this work, the medical reader will be enabled to appreciate its value, and as ſtrictures are a frequent conſequence of venereal affections, the conſideration of this treatiſe will not, I truſt, be deemed impertinent to my undertaking.

Soon after this appeared an ingenious little tract, by Mr. Gataker,

On Venereal Complaints, and on the methods recommended for the Cure.

This

This ſenſible and candid writer would have laid greater obligations on the world and the profeſſion, had he been a little more voluminous; this pamphlet not being more than ſixty-ſix pages. He has herein ſucceſsfully combated the ſentiments of Daran, and pointed out with equal judgment and impartiality, the imperfections and errors of the two principal authors which were then generally read, Aſtruc and Turner. The ſecond, which ſoon ſucceeded the other, contains ſome judicious remarks on the adminiſtration of mercury, and limits the advantages of mercurial fumigations, which his predeceſſor Turner ſo powerfully recommends to the real ſtandard of their excellence.

I ſhall not digreſs too much, I truſt, in obſerving, that ſome perſons were ſo attached to this method, as to maintain its pre-eminence over that of every other preparation. Our countryman, Turner, whom I have juſt mentioned, eſpouſed the practice, and Lalonette, in France, by certain mechanical contrivances, having rendered its general application to the whole ſurface of the body eaſy and practicable, has written ex profeſſo upon the ſubject; but ſince then the learned and ſagacious Mr. Pearſon, has, by fair experiment, aſcertained

certained its proper advantages, and his opinion will be found to correſpond with our author, who ſays, " This method has been tried in our hoſpitals with great diligence and care, and ſo little good has ariſen from the experiments, that it retains but a very ſmall degree of its former credit. In a few caſes it may give a ſlight check to, or poſſibly occaſion a temporary diſappearance of the ſymptoms; but without *at all advancing an eſtabliſhed cure.*" In Gataker's work, ſmall as it is, we can ſee the progreſſive ſteps by which we attain to a more intimate and correct knowledge of diſeaſes, and their treatment; he has exploded ſome errors, and ſome *he* has left for future correction. Will every medical man aſſent to the following propoſition? " Swellings in the groin, which occur in venereal caſes, are undoubtedly efforts of nature to throw out the poiſon from the conſtitution;" and again, " A confirmed pox may undoubtedly be ſometimes cured effectually by diet-drinks."

After this, the following productions iſſued from the preſs, in rapid ſucceſſion to each other.

1. *A Practical Treatiſe on the Venereal Diſeaſe, by Thomas Neale, Surgeon.*

2. *A*

2. *A Compendious and easy Method of curing the Virulent Stillicidium, commonly called Gonorrhœa, with an Account of the Efficacy of Plummer's Pill, in cases of Chancre, Buboes, &c. By J. Norman, Surgeon to the Bristol Infirmary.*

3. *A Dissertation on the Nature and Cure of the Venereal Disease, wherein the pathological History of that Disorder is fully considered, the Merit of the different Methods hitherto used are impartially enquired into, and a new Method of treating it proposed; by which it may be cured with greater Certainty, and much less Danger; than by such Courses as have hitherto been practiced. By M. Mooney, M. D.*

The first of these three is too contemptible to merit investigation, being the paltry production of an illiterate man; neither does the second raise its author very high in the annals of medical reputation. He endeavours to prove that gonorrhœa is a local disease, and is most effectually and speedily cured by the use of Sharp's bougies. I will not dispute the locality of this symptom, or deny the efficacy of Sharp's bougies under these circumstances; but I must pronounce the evidence he

he has adduced, insufficient to establish their superiority, as they were generally seconded by bleeding, purging, astringent injections, &c.

Dr. Mooney's work is entitled to more respectful attention, though it is not remarkable for copiousness or originality. Dr. M. seems inclined to the humoral pathology, as he considers warm-bathing and lenient cathartics very efficacious in expelling the venereal virus, and generally condemns that tedious (but I will add often indispensible) process, salivation. Those who can confide in the infallibility of a specific, will feel indebted to the doctor for divulging a remedy for gleets, to which he assigns that property, and which I shall here insert.

Two grains of ceratum antimonii with a sufficient quantity of Ext. Cort. Peruv. gradually increasing the quantity of the Cerat. Antimon. to the utmost the constitution will easily bear. This dose to be continued till the cure is perfected, at the same time using a cold bath.

Notwithstanding the fertility of this literary field, a few years elapsed from this period, before any other author of tolerable talents came forward; but as it is my present intention to give a catalogue

catalogue of every thing that has been written, however ſimple or inſignificant, within a certain period, it will be an infringement on my plan, to make any exceptions. .

About the year

——— 1757. ———

An undertaking was begun by ſeveral of the firſt medical characters in London, to promote the advancement of medical knowledge, by ſelecting and concentrating in one volume, the united experience of each individual practitioner, and this compilation appeared under the title of

Medical Obſervations and Enquiries.

It is not my province to expatiate on the general merits and utility of this work, which I believe have been properly appreciated; there is only one part which it will be ſeaſonable to notice here, being the remarks of Dr. Fordyce on the uſe of ſarſaparilla in venereal complaints. Dr. Fordyce has very judiciouſly defined the benefits which may be expected from this article, in the treatment of ſiphylitic ſymptoms; but if I may preſume to criticiſe on one ſo confeſſedly ſuperior

rior to myself, I would assert that he has mistaken the principle on which these benefits depend. Instead of considering sarsaparilla as the corrector of the system, and the antidote in some measure to mercury, he ranks it as an antivenereal; which property some of his own observations prove it does not possess. He says " Mercury alone will in general cure most venereal complaints. The sarsaparilla will perhaps always cure what resists the power of mercury. It is therefore probable, that we may find in mercury and sarsaparilla, properly combined, a certain cure for every case that can be called properly venereal." This is an attestation of its anti-syphylitic properties; but when he says, " In simple chancres it will do little service; but if it is given in cases where the chancres or buboes will not heal or dissolve, *after the use of mercurial unction*, it will often cure, and always do manifest service." This is diminishing considerably that confidence which the preceding paragraph is calculated to inspire. This essay is, however, full of practical information, and has no doubt contributed to the introduction and credit of a medicine, which Dr. Marriott and others have considered no better than a " decoction of pebble-stones."

—— 1758. ——

In this year was publiſhed,

The Navy-Surgeon, or Practical Syſtem of Surgery, with a Diſſertation on Cold and Hot Mineral Springs, &c. By John Atkins, Surgeon.

Mr. Atkins has devoted part of this work to the conſideration of lues venerea, and though he is certainly a man of genius as well as medical learning, he ſpeaks with too much confidence of opinions, that he has not inveſtigated, and cannot maintain. As a proof, may be adduced his obſervations on the original of this diſeaſe. "No doubt," ſays he, "it reaches in antiquity the firſt ages, as ancient as corrupted nature; it being irrational either to ſuppoſe a world ſtrangers to the vice that contracts it, or that their wickedneſs any more than ours deſerved exemption. No; Providence, we may ſafely believe, ſtamped an immediate puniſhment on this, as on all other intemperance and ſins Ab Origine; that the pains and ſufferings ſucceeding a vicious courſe of life, might, if nothing elſe would, reſtore us to virtue, and be both a natural and moral good to us." This kind of moral argument, will not, I pre-

ſume, weigh much with medical men. On the propagation of the diſeaſe, this writer entertains an opinion ſomewhat ſingular, he conceives it is abſolutely forced out by the friction and excitement of venereal embraces, in a ſimilar manner with the production of heat from bodies by rubbing; and hence denies the poſſibility of its communication in any other way than by venereal contact. He ſays, " Luſt is a very neceſſary adjunct for communicating infection, and giving force to thoſe virulent miaſms that are, as it were, darted by it from her." And thus he adds, " Many infected women avoid hurting their huſbands, principally on the moderation and coolneſs of their enjoyments; whereas a ſtranger inciting more intenſe and vigorous deſires, as ſeldom eſcapes." This will give an idea of the author's propenſity to hypotheſis, the merit of which I will leave others to explore. Many parts of his diſcourſe are really uſeful and practical, though it cannot be ſaid this was his *forte*. What he has ſaid on wounds, operations, &c. with which it is probable he was more familiar, is better entitled to peruſal.

We are next to notice,

A Plain Account of the Venereal Diſeaſe, with the Method of Cure in its ſeveral Stages, by which the

the Patient may be a Judge of his own Case, and may either cure himself, or if he employs another, may know whether he treats him properly, 8vo. 1s. 6d.

We need not be very anxious to enquire on this occasion for the writer of this publication; had he concealed his work as well as his name, he would not have deprived the world of any thing it could be desirous to possess.

A Plan for extirpating the Venereal Disease, in a Letter from Mr. P. to Lord B. 8vo. 1s.

This title would naturally interest every philanthropist and physician; but the execution is not at all answerable to the expectation, it is more humourous than instructive.

The next work which I shall mention, is one that it will be injustice to denominate trivial or indifferent; the name of the author will be an earnest of its reputation, and though his attention has not been confined to this department of medical science, the extent of his capacity, and the ardor of his application, enabled him to treat with accuracy and advantage every subject which he deemed worthy of investigation. The work to which

I allude,

I allude, is the production of the celebrated Boerhaave, entitled

Boerhaave's Academical Lectures on the Lues Venerea, in which are accurately described the History, Origin, Progress, Causes, Symptoms, and Cure of that Disease; translated from the Latin with Notes. By Jonathan Wathen, Surgeon, 8vo.

Whoever is acquainted with the character of Boerhaave, (and where is the medical man that is not?) will be assured that nothing insignificant would proceed from such a source. He was never superficial in his enquiries, but maturely considered whatever he submitted to pnblic examination. Boerhaave is decidedly of opinion, that the venereal disease was not known in Europe till the return of Columbus from America, by whose adventurous crew he is persuaded this malady was introduced.

When it is known that on this particular, there is still a diversity of opinion, that many eminent physicians have contested this declaration, it is a strong support in favour of its truth, that our learned author did not scruple to maintain it. He has taken a comprehensive view of the various causes which had contributed to the sentiments of

his

his opponents; and examined every record that could furnish him with testimony and information: hence his decision is the result of deliberate research, and impartial investigation; and though he admits its resemblance, he positively denies its identity with any other species of virus or contagion. Neither does he believe, as has been conjectured by Astruc, as well as others, that it can spontaneously arise in the human body, by any excess or irregularity. Dr. Boerhaave is inclined to think that the venereal disease has undergone various modifications, which was a general opinion in his time, and had been asserted by Bennivenius and Antonius Brassovolus, the latter having declared that he had witnessed during his own practice, the accession of new phœnomena. Perhaps it will be more proper, to rank these appearances among the varieties which might proceed from peculiarity of constitution, as no complaint is from this cause more obstinate or diversified; but to analyse or abridge this work, will not comport with my design; I must therefore content myself with having mentioned a treatise which the reader will find adviseable to purchase and peruse.

At this time Dr. Brocklesby published,

Œconomical

Œconomical and Medical Obſervations.

In which he has made ſome remarks on the venereal diſeaſe; but the ſcrap of intelligence herein to be found will hardly compenſate for the expence of the publication. But let it not be thought that I am forgetful of the reſpect due to the name of Brocklesby, of whoſe qualifications I am not ignorant; had he thought proper to have ſaid more on this ſubject, he would have proportionably increaſed our obligations. In

——— 1765. ———

A pamphlet appeared entitled

Salivation not neceſſary for the Cure of the Venereal Diſeaſe in any Degree whatever, and all Gleets curable; proved by a Variety of Examples, ſelected from no leſs than Six Hundred and Seventy Caſes. &c. &c. By Charles Hales, late Surgeon to the Hoſpital at the Savoy, 8vo. 1s.

The title page of this work would lead one to ſuſpect the motives of its publication more ſelfiſh than philanthropic; a ſuſpicion which may reaſonably be excuſed by thoſe who are acquainted with the general merits of ſuch productions.

It

It is an old adage, "What we eagerly wiſh for, we eaſily credit," and many of our profeſſional brethren have availed themſelves of the principle of this motto to their own pecuniary advantage.

When the venereal diſeaſe was introduced into Europe, the patient and practitioner would have eagerly graſped any remedy, however ſevere or unpalatable, on whoſe efficacy they could have depended. Such a remedy has been found, and the votaries of Venus may triumph in a diſcovery ſo eſſential to their ſituation; but this powerful antidote, like a foreign auxiliary, when introduced into the conſtitution, is frequently productive of miſchief ſcarcely inferior to that which it was intended to remove, and therefore a deſideratum is ſtill an object of enquiry. He that without the tedious and debilitating courſe of a mercurial regimen, could eradicate the confirmed and conſtitutional ſymptoms of lues venerea, and by ſimple means procure ſimilar advantages, would indeed be entitled to the unqualified encomiums of mankind; but hitherto it will be confeſſed the object is unattained, and thoſe who have pretended to the ſecret, have generally betrayed their want of knowledge and integrity. He who is unreſtrained

principle or reputation may in this respect easily impose on popular credulity; for nothing is more easy than to palliate the symptoms and arrest the progress of lues venerea; but this is doing nothing, and his credit as well as his cure will at length prove transitory and unavailing. But though it may be guessed from these preliminary remarks, that I do not place much confidence in the promises made by this author, it will be proper to observe, that he cannot in justice be ranked with that description of writers who have nothing but arrogance to support their pretensions. Mr. Hales has adduced no less than six hundred instances in the soldiers entrusted to his care, wherein *his method of cure* proved efficacious, and who can have the courage to oppose such a powerful phalanx? but if it were permitted us modestly to enquire into the validity of his evidence, I would ask, Where are the proofs of their being cured? Nay, let us step back a little, and ask, Where are the proofs of their being diseased? For this author says, "two surgeons were induced to detract from his character, saying, that I was an impostor, and that there were not eight poxes in the three regiments of guards." He adds, "these were persons I never saw or ever offended." To this he

opposes

opposes no contradiction, and it would seem to an unprejudiced reader, that there was as much probability in there being only eight persons completely poxed in the three regiments, as that there should be upwards of six hundred. Now let us examine the probability of the cure. What is there to prove this? Why, " the general seeing the soldiers in the room, waiting for examination, asked if those men had been under my care, declaring they appeared as healthy and well as if they had not been diseased." Was that a test, or is this a testimony of our author's skill? Do people bear the marks of this secret insinuating poison in their countenances? Or may they not be woefully contaminated without betraying their condition by their looks? If so, this declaration is no infallible proof of his success. I must, therefore, without wishing to diminish that credit to which this author is *really* entitled, avow my disbelief of his abilities, and can hardly regret that he has thought proper to conceal the remedies by which these wonders were accomplished.

In the same year, Mr Jonathan Wathen published his

Practical Observations concerning the Cure of the Venereal Disease, &c. &c. 1s. 6d.

Mr. Wathen is an ingenious ſpeculative writer, or rather an ingenious writer, and ſpeculative practitioner; his deſign in this treatiſe is to explain the modus operandi of that medicine which he conſiders as the only remedy for the diſeaſe, and though ſome perſons may be ſo ſceptically inclined as to conceive it poſſible to be miſtaken in their conjectures on this head, Mr. Wathen confidently aſſerts his obſervations are almoſt mathematical certainties. It has been noticed more than once in this treatiſe, that the principle on which mercury was ſuppoſed to act, and on which its operation as a remedy depended, was by correcting and expelling the morbific matter. This idea, which pervaded the whole maſs of practitioners, from Aſtruc till Hunter, was adopted by Mr. Wathen likewiſe; who conſidered the whole nicety of the cure to conſiſt in completely extirpating the poiſon which had been introduced. It was but conſiſtent, therefore, with his own ſentiments, that evacuants ſhould be given to accompliſh this end; and hence he recommends even in trivial caſes the daily uſe of cathartics for a month, to carry off the matter which the mercury has broken down, an object in his opinion no leſs eſſential than the former, and thus the ſalivation which is excited, proves a more radical remedy, by

by being the outlet to the contagion. Mr. Wathen is of opinion that all the preparations of this medicine are ſimilar to each other; and that we are amply provided with variety of forms in thoſe which the diſpenſaries (London and Edinburgh) afford us. To conclude, this gentleman's work is an addition to our knowledge on the ſubject on which he treats, and without admitting his theories as axioms, we may find in it ſeveral practical precepts of importance and utility.

A New Eſſay on the Venereal Diſeaſe, and Methods of Cure, accounting for the Nature, Cauſe, and Symptoms of the Malady. By J. Becket, M. D. 8vo. 2s. 6d.

We feel a little vexed when a man makes us pay a ſhilling for a pamphlet which is not worth a farthing, but to demand two and ſixpence is extortionate indeed. Whoever cenſures me for this remark, will find an apology for me by reading the work to which it applies.

Medical and Chirurgical Obſervations on Inflammations of the Eyes, the Venereal Diſeaſe, on Ulcers, and Gunſhot Wounds. By Francis Geach, Surgeon, at Plymouth, 8vo. 1s.

The

The reader will not expect me to ſay much on a work which comprehends ſo many important ſubjects in ſuch limited dimenſions; he could not have added much in ſo ſmall a compaſs to the ſtock of medical learning; and what he has ſaid, will ſcarce deſerve a comment.

In the year

—— 1767. ——

Dr. William Saunders obliged us with a tranſlation of

A new and eaſy Method of giving Mercury to thoſe affected with the Venereal Diſeaſe, to which is annexed, a new Theory of the Action of this Metal on the Salivary Glands. By Joſeph James Plenck. Profeſſor of Surgery and Midwifery at Vienna.

Mr. Plenck, like a ſcientific practitioner, has here judiciouſly combined theory with experiment, and has given in a fair and laudable manner the reſult of his practice, and the compoſition of his remedies.

The grand principle of his operations was to leſſen the action of mercury on the ſalivary glands by its combination with mucous ſubſtances, and this

this he conceives he has happily and completely effected. I ſhall not be enabled to give here ſuch copious extracts as the merit of the work would juſtify, which will be leſs neceſſary, as the work itſelf is not ſcarce or expenſive; but as my readers will naturally aſk what ſucceſs attended this ingenious enquirer, I ſelect the following paragraph. "When I perceived in all theſe caſes the remarkable and ſudden efficacy of this gummy preparation of mercury, and conſtantly obſerved that its uſefulneſs exceeded my moſt ſanguine expectations, ſo that in a ſhort time it did more than could be expected from all the other preparations; and farther, found that no ſalivation could be excited by this preparation, although given in very large quantity, unleſs there was another mercurial in the body, or during the cure, another beſides the gummy mercurial was taken. I was fully convinced that *this was the beſt method of giving mercury, and that no other could be compared with it.*"

——— 1768. ———

The firſt volume which was publiſhed by the college of phyſicians under the title of *Medical Obſervations and Enquiries*, ſufficiently proved the benefits

benefits which were likely to arife from the combined efforts of men celebrated for profeffional learning. The fubfequent volumes have not diminifhed the expectations of the public, or leffened the celebrity of the college. In the third volume, which appeared this year, we have among other valuable tracts,

An Account of fome Experiments made with the Decoction of the Root of the Mezerion, in Cafes of Venereal Nodes. By Alexander Ruffell, M. D. F. R. S. and Phyfician to St. Thomas's Hofpital.

Dr. Ruffell found this root to poffefs very powerful properties in curing the fymptoms above mentioned, and believes this fingle remedy more to be depended upon than the compounds which have been employed with fo much eagernefs in the form of diet-drinks. Dr. R. has adduced feventeen cafes in proof of his affertion; in only one out of this number did it prove ineffectual.

As Mr. Pearfon has lately fhewn what may be expected from this medicine, and that its antivenereal powers are very inconfiderable, it may appear difficult to reconcile the contradiction which Dr. Ruffel's account feems to offer; but the

but the doctor candidly confesses in one part of the same paper, " that in the removal of nocturnal pains I have not found its effects so certain as I at first thought I had reason to believe it. A very few doses, however, of the sublimate solution joined to it, seldom failed to remove them." This addition of the sublimate robs the mezerion of all its claims, and makes one feel solicitous to know whether the patients who were benefited by its use, suffered from the disease, or from that remedy which is generally administered to cure the disease.

This same year was published,

A Review of the Venereal Disease, &c. By Wm. Fordyce, Surgeon.

I believe this is the gentleman who afterwards was known by the title of Sir William Fordyce, and whose productions have already come under consideration, in reviewing the Medical Observations, &c. of the college.

The present valuable little tract contains the remarks of a man who is more anxious for the propagation of practical truths than plausible conjectures; and though every thing he has advanced

may not be thought orthodox, it certainly contains in a ſmall compaſs much ſubſtantial information.

The following paragraphs I ſelect as being thoſe which are perhaps moſt exceptionable. " If the clap be of a bad ſort, it will in many caſes become a pox, by truſting to that very running; whereas by the ſeaſonable exhibition of mercury, the cure might be diſpatched time enough to avoid ſo diſagreeable an event." And again, " For my own part, I hold it as a principle never to uſe either aſtringents, injections, or balſamics, but in caſes of extremity, nor even then, till I have by a courſe of mercurial inunctions, provided againſt the ill conſequences of the diſeaſe."

Theſe, and others which might be quoted, ſome of our modern practitioners might be inclined warmly to oppoſe.

Mr. Fordyce likewiſe ſeems ſomewhat incorrect with regard to affections of the urethra, which, like Daran, he conſiders very liable to caruncle and carnoſity.

In ſpeaking of the preſent ſtate of the diſeaſe, he ſays, " In fact I believe that the diſeaſe is growing more general, while the treatment of it is ſtill ſhamefully unequal."

I ſhall

I ſhall only quote one paſſage more from this author, for the benefit of thoſe who may not be able to procure the copy. " Forſan hydrargyrum in oleo animali vel vegetabili cocto ſolutum, et virgæ ante coitum benè inunctum ad prophylaxin appropinquat."

Mr. F. does not think proper to divulge this ſecret to the " profanum vulgus," for though he confides in its efficacy, he ſays, " mais le jeu ne vaut pas la chandelle."

The Modern Practice of Phyſic, in Fevers, Meaſles, Small-Pox, and Venereal Diſorders. By A. M. Richardſon, 8vo. 1s.

" It is not enough," ſays the learned Dr. Watts in his *Improvement of the Mind,* " that we ſhould read a book, in order to find that it is not worth reading." The remark will excuſe my mentioning this treatiſe, as it may prevent the reader ſpending his time in peruſing a pamphlet that can afford him no remuneration.

—— 1771. ——

An Eſſay on the Cure of Gonorrhœa, or freſh-contracted Venereal Infection, without the Uſe of In-

ternal Medicines. By William Rowley, Surgeon, 8vo. 1s.

This author is not ſingular in his opinion that gonorrhœa may be certainly and efficaciouſly cured by topical applications, for which purpoſe he recommends an injection compoſed of quickſilver, mucilag. gum arabic, and linſeed oil. To recommend this, ſeems to have been the principal purport of the publication.

The ſame year appeared a little tract, entitled,

A New Method of Curing and Preventing the Venereal Gonorrhœa, to which is added, a Chymical Inveſtigation of a Remedy called the Preſervative Antivenereal Waſh. Written originally in French by J. Warren, M. D.

From the analyſis of this waſh, it was found to be a ſolution of the cauſtic alkali, of whoſe efficacy the doctor ſeems ſufficiently convinced, and wiſhes to eſtabliſh his readers in the ſame faith, for which purpoſe he ſays, " It is about four years ſince this remedy was firſt ſpoken of in Scotland, and many pretended to have been cured by this means. A friend of mine, though he doubted the veracity of their report, though he thought they uſed it believing themſelves to be infected when really not

not ſo, this friend, I ſay, made the following experiment upon himſelf: he took a ſmall quantity of the venereal virus from an infected perſon, and by means of a doſſil of lint, he fixed it in the urethra; at the end of four days the diſeaſe appeared with the ordinary ſymptoms; he then injected a ſolution of the cauſtic alkali, after the manner I ſhall hereafter explain, and found himſelf perfectly cured in about four and twenty hours." Who this perſon was, we may be inclined to gueſs, by the following paragraph. "Theſe are the reaſons that induced me to believe theſe perſons were deceived in thinking themſelves diſeaſed, when they were perfectly cured."

Though I would not encourage any one to rely on the infallibility of this medicine, I believe it is generally agreed that ſpeedy ablution with a cauſtic alkaline ſolution, is the *moſt certain* prophylactic with which we are at preſent acquainted.

—— 1772. ——

In this year was publiſhed,

Obſervations on the Operation and Uſe of Mercury in the Venereal Diſeaſe. By Andrew Duncan, M. D.

Every perſon muſt admit that it is an object of more

more than mere curiosity to ascertain the modus operandi of medicines, and though it is exceedingly difficult to find out, and scarcely possible to attain, as Mr. Wathen thought he had to *mathematical certainty*, the investigation seldom fails to give us new and clearer ideas of the disease as well as the remedy. Who is not struck at the absurdities which the ancient and elaborate prescriptions of our ancestors manifest? where a farrago of upwards of fifty different articles is seriously and minutely specified and recommended. Many of the ingredients being sometimes useless, and some even repugnant to the intention of the prescriber. And although the reformation of the pharmacopœia has greatly curtailed these medical imperfections, there is still room for amendment.

Dr. Duncan has therefore conferred no small obligation on the faculty, in attempting to explain the principle on which the virtues of that valuable article, mercury, depend, though many may doubt the rectitude of his conclusions.

Instead of adopting the opinion which generally prevailed on this point, by which every salutary effect was accountable for on the principle of evacuation, Dr. Duncan endeavours to prove that the specific virtues of mercury in curing this complaint,

plaint, is by entering into a kind of chymical combination, thereby deſtroying or neutralizing the poiſon. He views it not as imparting to the conſtitution itſelf any power of correction by producing any peculiar action, but by its own *antidotal* properties, and hence the neceſſity of adminiſtering it ſo freely, and for ſuch a continuance, that every particle of the venereal poiſon floating in the habit, may come under its influence.

There is certainly much ingenuity in this hypotheſis, which correſponds ſo well with the peculiar phœnomena of the diſeaſe, that poſitively to contradict it would be arrogance and preſumption. Let it ſuffice to ſay, that I am not one of his diſciples, being more attached to the Hunterian theory of ſpecific action; but this may be partly owing to prepoſſeſſion. Dr. Duncan's work is not merely written to propagate this doctrine, but contains very uſeful and judicious remarks on the effects of mercury, and the various preparations which have been employed; it is therefore a volume fully entitled to peruſal.

Remarks and Practical Obſervations on Venereal Complaints, and Diſorders of the Urethra. By M. Goulard, Surgeon, of Montpelier.

This

This treatise appeared in the same year as that last mentioned, and is the work of a gentleman whose name has been rendered familiar to the English reader, by the preparation of lead called Goulard's Extract.

As Mr. Goulard's panegyrics on the efficacy of this mineral, exalt it almost to a panacea, it will hardly be expected that he would entirely reject such a favourite on this occasion; accordingly we find it one of the ingredients in the composition of his bougies, and in the dispersion of buboes, even when suppuration has begun, he asserts its infallibility. His predilection for this article of the materia medica, does, however, by no means interfere with the well earned character of mercury, which he strenuously enforces as absolutely necessary to the cure, and decidedly prefers the mercurial ointment to any other preparation. What he says in this particular is entitled to attention, since he urges the experience drawn from upwards of ten thousand patients, as warranting his conclusions.

— 1773. —

In this Year was published,

An Essay on the Cure of the Venereal Gonorrhœa, in

a new

a new Method, with ſome Obſervations on Gleets. By W. Ellis, Apothecary.

This, though a ſmall; is not a deſpicable publication; the remarks contained herein are valuable and judicious.

Mr. Ellis is decidedly of opinion, that gonorrhœa and chancre are produced by two very diſtinct and diſſimilar poiſons; to uſe his own words, "It appears to be a demonſtrable truth, that they are very diſtinct in their nature, and conſequently require as different treatment in their cure."

With regard to this part of the ſubject, (the cure) it conſiſts in bleeding, purging with Rochelle Salts, and keeping the teſticles ſuſpended by a truſs; after a few days he adminiſters his drops, which are thus compounded.

℞. Balſ. Copaiv. ℥ij.
Spir^{t}. Lavend. Comp. ʒiij. m.

From eighty to a hundred and twenty drops of this mixture are to be given three times a day in a little water, and continued for a ſufficient length of time, that is, till the cure is completed, which will be forwarded by the uſe of a vitriolic injection.

I do not fee the abfolute novelty of this treatment, as the fame remedies had long before been recommended, though not perhaps in the fame feries. The liberal exhibition of the balfam of copaiva which this author recommends, will not accommodate itfelf to the ftomach of every individual.

Dr. Falck about this time publifhed his work, entitled,

A Treatife on the Venereal Difeafe, in three Parts, with Copper Plates,

which is much more confiderable in fize than the two laft mentioned: in my opinion, however, it might have been greatly abridged without leffening its value, nor can it be recommended as a performance from which much practical knowledge is to be obtained; there is much declamation, as well as conjecture, which adds to the bulk, but not to the merit of the work, and the author is frequently contented with words inftead of ideas. The reader may judge of the truth of this remark from the following quotation. In explaining the nature of the venereal virus, he fays, " The miafm of the venereal virus is an animal acrimony different from either faline or acid particles, or animalcula;

animalcula; but of an effect different from either, namely, an *intestine animalatious aptitude*, to unite ultimately with particular humours or solids, whereby it from a propensity of converting the order of nature in those parts which it attacks, irritates and inflames them, tears loose the particles, and thereby destroys the stamina of the substance, and thence causes exulcerations."

I think this will acquit me of the charge of false accusation: let the following lines shew the author's practical account. In the cure of gonorrhœa, he says, " bleeding might lessen the quantity of the fluids, and from that cause a flaccidity of the solids for a while; but as it would unavoidably cause an absorption into the emptied vessels of the virus from the external parts, it should be avoided as highly pernicious. Purging *might* evacuate the contents of the bowels, and perhaps drain from the whole mass of blood; but as by its stimulus it would increase the spasm in the system, *retain* the acrimony which ought to be expelled by perspiration and urine, and cause a revulsion of the virus to the innermost parts of the body, *it ought also to be rejected as pernicious, and a hindrance to the cure.*"

This is bidding defiance to reason and expe-

 rience

rience, and ſtanding in direct oppoſition to our moſt celebrated and moſt ſucceſsful practitioners, who are not likely to become converts to this extraordinary doctrine.

Conſiderations on the Uſe of Injections in the Cure of Gonorrhœa. By W. Cribb, Surgeon.

A ſmall pamphlet, well written, and containing ſome judicious remarks, publiſhed at the ſame time as the preceding.

The Effects of Injections into the Urethra, and the Uſe and Abuſe of thoſe Remedies in the Cure and Prevention of the Virulent Gonorrhœa, briefly conſidered, with occaſional Remarks on the Nature of that Diſorder, in Anſwer to ſome Modern Doctrines.

At this period the propriety of employing injections in the cure of gonorrhœa, was a queſtion warmly agitated by profeſſional men. The preſent anonymous publication contains ſeveral intereſting obſervations on the ſame point; but as the work is not voluminous, being only an eighteen-penny pamphlet, I ſhall omit quoting any particular paſſages.

A Chy-

A Chymico-Medical Dissertation on Mercury, &c. with Observations on the Use and Abuse thereof in Venereal Disorders, &c. By J. L. L. M. D.

The author of this fabrication which appeared in the year 1774, avows what no medical man of moderate experience will be disposed to contradict, that the beneficial effects of mercury in the cure of siphylis are counterpoised by the inconveniences which generally attend its administration; he therefore has made it the subject of experiment, and endeavoured by different preparations of the same mineral, to divest it of its more active properties, without diminishing its anti-syphylitic powers. In this he thinks he has succeeded, but for some reasons, which are no doubt better known to the author than any other person, he has concealed the process, which some will, in all probability, consider as a tacit acknowledgment of his not being fully satisfied of the importance and efficacy of his discovery.

The publication is not without merit; those who have engaged in these investigations may not unaptly be compared to the alchymists, though their researches have not been rewarded with the philosopher's

philoſopher's ſtone, ſcience has been greatly extended and improved by their enquiries.

—— 1775. ——

A Critical Enquiry into the Ancient and Modern Method of treating Diſeaſes of the Urethra, with an improved Method of Cure. By Jeſſe Foot, Surgeon.

The principal purport of this enquiry is to prove the impropriety of curing obſtructions in the urethra by inducing ſuppuration. The celebrated Daran is Mr. Foote's profeſſed object of attack, the avowed advocate for the ſuppurative practice.

Mr. Foote aſſures us every benefit will be derived from the uſe of catgut bougies, gradually augmented in ſize as the paſſage becomes enlarged.

It will not be neceſſary to enter further into the merits of this enquiry at preſent, as the ſame author has ſince written more on the ſubject, which in chronological order I ſhall have occaſion to mention.

—— 1776. ——

Fifteen Minutes Inſtructions to Every One who wiſhes

for a thorough Cure of the Venereal Diſeaſe, in any of its Stages. By G. French.

Whoever forms a proper eſtimate of the value of time, and the merits of this publication, will conſider that portion demanded by this author more than he is really entitled to. After this remark, any other comment would be an act of inconſiſtency.

An Eſſay on the Theory and Cure of the Venereal Gonorrhœa, and the Diſeaſes which happen in conſequence of that Diſorder. By John Andree, Surgeon, &c.

A multitude of volumes on any particular ſubject, do not neceſſarily exclude the neceſſity of others, though they are deſtitute of all claim to novelty or originality; for as uniformity of ſentiment is no characteriſtic of medical productions, a ſtudent is ſometimes at a loſs how to regulate his proceedings, and conſequently feels indebted to the man who has the ability and inclination to direct his choice.

On this principle Mr. Andree deſerves commendation, his pamphlet may be conſidered as an

epitome of the knowledge at that time acquired on the ſubject; what was valuable or important he has introduced, and has judiciouſly diſcarded ſuch as was either trifling or impertinent; it would be injuſtice to ſay leſs than this, and whoever wiſhes the proof of his excellence, will not heſitate to purchaſe a work which may be procured at a ſmall expence.

—— 1777. ——

A New Method of curing the Venereal Diſeaſe by Fumigation, together with Critical Obſervations on the different Methods of Cure, and an Account of ſome New and Uſeful Preparations of Mercury. By Sir Peter Lalonette, Doctor Regent of the Faculty of Phyſic, in the Univerſity of Paris, &c.

Though the attempt to cure the venereal diſeaſe by fumigation was not deferred till this period, but had been practiced by different perſons ſhortly after the appearance of the diſeaſe, and particularly by one Charbonniere, a French ſurgeon; it had not excited general attention till Lalonette's publication appeared.

His improvements on this peculiar practice are ſo conſiderable as to conſtitute an æra in the theraputic

rapeutic hiſtory of lues venerea, and will therefore juſtify my dwelling longer on his work than would be admiſſible on another of equal magnitude.

He begins by pointing out the inconveniencies which attend the uſe of mercury in other forms; the mercurial ointment rubbed on the ſkin, he ſays, is objectionable, becauſe "It often happens that the texture of the ſkin prevents the particles of mercury from penetrating through its pores, and the ointment which keeps them divided becomes an obſtacle to their paſſage; hence it may happen that too little mercury will be introduced into the blood, and there will be always uncertainty as to the quantity that is abſorbed, and very often little or no diminution of the ſymptoms. On the other hand, if the texture of the ſkin is very looſe and the ointment is applied with force, the particles of mercury will be eaſily abſorbed, and will be liable to ſtimulate the ſecretory organs, more or leſs, according to the temperament of the patient, &c. even in this method there will often be exceſſive ſalivation, diarrhœa, &c. which will weaken the patient, and render it impoſſible for him to receive the neceſſary quantity of the remedy."

 That

That the mercurial ointment is liable to theſe, and perhaps to other more formidable objections, no one will heſitate to acknowledge; but theſe are not inſuperable objects to the completion of the cure. It is true, we are ſometimes at a loſs to determine the quantity of mercury; but it is not by this that we eſtimate the progreſs of amendment; and even were we to admit the importance which the author is diſpoſed to attach to theſe remarks, it does not appear that the method of fumigation he recommends, is diveſted of the ſame inconveniencies.

Before I proceed to canvaſs the merits of this practice, I will ſelect his remarks on the effects of corroſive ſublimate, a medicine at one time highly extolled in the treatment of ſiphylis, and ſtill adhered to by many. After enumerating the ſymptoms accompanying its uſe, as nauſea, pain in the epigaſtric region, &c. of which, he ſays, he has known ſeveral die, he proceeds, " I have opened the bodies of ſeveral who died in this way, and I have in ſome found the pylorus ſo contracted, that it would hardly admit a common probe, it appeared like an eſchar, and this ſometimes extended to the duodenum, which was affected in the like manner. I have ſometimes found the

myſentery

myſentery and meſocolon indurated and thickened, and even the coats of the inteſtines themſelves ſo *imbibed* by this cauſtic liquor, that I was able to remove them with great eaſe, as it were by layers. The pancreas was hard, ſchirrous, and in ſome degree *friable*. In others, who had died conſumptive after taking the ſublimate, I have found the lungs hard and ſchirrous, with all the bronchial glands tumified and hardened, and the internal ſurface of the lungs covered with a purulent ſanies." If this deſcription of the effects of ſublimate is to be depended upon, we ſhould be terrified at the very idea of adminiſtering it. The author has declared it came under his own inſpection, and therefore I thought it right to ſelect for the reader's examination ſo remarkable a recital of facts; it would have been more ſatisfactory and inſtructive if he had mentioned the quantity which was found neceſſary to produce ſuch ſerious conſequences, as many will be ſo ſceptical as to doubt the accuracy of his obſervations, or the credibility of his teſtimony.

The practice of this gentleman conſiſts in expoſing the ſurface of the body to the action of mercurial vapor, which is accompliſhed by means of a machine ſo contrived, as to enable the patient to breath without inconvenience from the

 remedy,

remedy, which is a particular preparation of mercury, somewhat similar to the hydrarg. nitratus ruber. He repeats the process every day till salivation is produced, and then only once in two or three days, which is continued for some time after the symptoms have disappeared.

This, he maintains, is a method of treating the disease infinitely superior to any hitherto recommended. If I were of the same opinion, I should think it proper to lay before the reader some of the advantages which he enumerates; it will be sufficient, however, to observe, that subsequent experience does not lead us to concur in the same sentiment.

For certain local affections, the fumigating treatment is still recommended, but it is rarely to be depended upon for eradicating a confirmed lues. I shall only prolong my remarks, therefore, on this treatise, by noticing what it is hardly possible to overlook, that the author has brought no proofs of the efficacy of his remedy sufficient to satisfy an intelligent practitioner. Will a man be satisfied of the permanency of a cure, because the symptoms have disappeared for a twelvemonth? None of the cases which he has adduced as testimonies, had continued beyond that period. Do we not know that this insidious poison will remain for

for years in a quiescent state, and afterwards rear its hydra's head? If this be true, what confidence can be placed in the following asseveration, which I select as a specimen of his general evidence. "We, the under-written, having examined the above patients, and *finding that all their symptoms have disappeared*, do certify them to be cured."

For some considerable time after this, no publication appeared, relative to the subject of our enquiry.

——— 1779. ———

In this year Mr. Andree published

Observations on the Theory and Cure of the Venereal Disease, 8vo. 3s.

Mr. Andree has already been reviewed as a writer on this subject, with which he is perfectly acquainted. The present publication, though it does not boast originality, contains such information as every medical man ought to possess; nevertheless it would not be difficult to point out some parts, as exceptionable. Authors on this subject, however, seem to multiply about this time, and to enter into a minute detail of any which are not remarkable for bulk or novelty, would be an

immoderate

immoderate extenſion of my plan, to give a general character is as much as may be neceſſary; Mr. Andree's work may, therefore, be pronounced, a valuable compilation of facts, or an abridgment of practical doctrines.

——— 1780. ———

Obſervations in the Cure of Gonorrhœa. By Samuel Foart Simmons, M. D. F. R. S.

An ingenious little tract, ſuch as might be expected from the pen of Dr. Simmons.

Dr. Simmons reprobates the idea of correcting the venereal poiſon by mercurial injections, though at the ſame time he does not deny the efficacy of thoſe remedies. By what proofs then will he ſubſtantiate his opinion, that mercury has no power over the venereal poiſon, only by acting conſtitutionally? The quantity of matter capable of producing the diſeaſe in any individual, in all probability, is very inconſiderable. Is there no poſſibility, then, of attacking the virus before it has produced its effect? This is, at leaſt, ſo plauſible, that whoever denies it, ſhould produce ſomething to juſtify their oppoſition, and even the ipſe dixit of Dr. Simmons, will not be ſufficient to prove the abſurdity of this ſentiment. That I am not ſingular

gular in my opinion of the poſſibility of effecting this, will appear from the following treatiſe, publiſhed in the ſame year.

An Eſſay on the Gonorrhœa, with ſome Obſervations on the Uſe of Opium in the Cure of that Diſeaſe. By William Thomas.

" The action of mercury on the venereal virus is peculiar to itſelf, it reſiſts the irritation of that ſtimulus, by deſtroying the ſtimulating body," &c. &c. and hence he proceeds to ſay, " the moſt common preparation now uſed for a gonorrhœa is calomel." Such is the ſentiment of this writer, but I am not, at preſent, engaged in a controverſy about the antidotal properties of mercury, and muſt therefore confine myſelf to the merits of the laſt-mentioned publication. Mr. Thomas's treatiſe, which conſiſts of 42 pages, contains ſeveral judicious obſervations, the moſt conſpicuous part of his work is his doctrine of irritation, which, he ſays, is the doctrine of gonorrhœa, and therefore opium is a favourite article in the catalogue of his remedies. " I have ſeen," he aſſures us, " ſeveral inſtances where very virulent gonorrhœas have ſoon diſappeared upon the free uſe

of

of it, without one grain of mercury being taken," and again, if mercury and opium are made uſe of together, both internally and in an injection, they greatly aſſiſt each other; by being thus blended, the mercury is rendered more ſafe and ſpeedy in its ſucceſs, and the opium much more effectual."

Salivation exploded, or a Practical Eſſay on the Venereal Diiſeaſe, fully demonſtrating the Inefficacy of Salivation, and recommending an approved Succedaneum, &c. &c. By Charles Swift, Surgeon.

Though this work has been publiſhed above twenty years, the patriotic ſpirit of its author has not ſuffered it to fall into oblivion; but as every one may not find it adviſeable to purchaſe the work, I ſhall be juſtified in giving a ſhort account of its tendency. This author aſſerts, that the venereal diſeaſe is much more effectually cured by an alterative plan than by ſalivation, not that this implies (what is in general ſuppoſed eſſential even by thoſe who are inclined to adopt the alterative practice) that mercury is the only remedy, for, ſays he, " As to the choice of alterative medicines beſt adapted to the cure of the venereal diſeaſe,

disease, I believe none will be found more efficacious than a composition of the following, viz. camphor, antimony, and sulphur," and afterwards wisely insinuates that "in some cases it may be necessary to add both mercury and opium."

Having in the first part of this work spoken my sentiments with regard to the alterative practice, were I silent on this occasion, it might possibly be construed into a dereliction of my former opinions. I think it behoves me, therefore, to declare not only my full conviction of the insufficiency of this author's remedies, but strenuously to oppose a practice which will ultimately be found, in by far the majority of cases, imperfect and unsuccessful.

A Treatise on the Gonorrhœa; to which is added, a Critical Enquiry into the different Methods of administering Mercury. By Peter Clare, Surgeon. 8vo. 1s.

The purport of this treatise is to recommend the application of calomel to the internal surface of the fauces, which affecting the salivary glands very speedily, is supposed by this author to be a method of cure far superior to any recommended.

This doctrine, I will beg leave to remark, is not solely supported by Mr. Clare, other advocates have appeared in its defence. The proposal of exciting salivation in this manner has certainly something in it prima facie rather specious, but will not be likely to impose on the experienced practitioner. If salivation was the test of an anti-venereal remedy, the materia medica would supply us with specifics innumerable and infallible; but so far from its being an object which we would wish to attain, it becomes in various instances a serious impediment to the cure.

We are obliged often to discontinue the remedy which we know to be essential, because the gums are too susceptible of inflammation; so far then from making this the point of attack, we should guard it most carefully from those effects which will inevitably tend to procrastinate the patient's recovery. It would be very easy to shew the importance of this caution, was there any reason to apprehend Mr. Clare's practice was gaining converts; but this not being the case, I may conclude with observing, that he has been very deficient in procuring such evidence as was necessary even to give plausibility to his opinion.

1782.

—— 1782. ——

A Treatiſe on the Medical Properties of Mercury. By John Howard, Surgeon, 8vo.

This performance comprehends ſome uſeful practical remarks, though it is to be regretted the author did not take a little pains to render the *manner*, as well as the *matter*, ſomewhat intereſting. It is rather difficult to give an abridgment which will ſerve as a general ſpecimen; but one principal propoſition with reſpect to this author's ſentiments, will be ſeen in the following paragraph. "If they were never perceivable," alluding to the amendment of ſymptoms, "but when ſalivation was taking place, we might ſay that the lues venerea was only to be cured by producing a conſiderable affection of the mouth and ſalivary glands; but ſince experience teaches us that cures are ſometimes performed without this effect of mercury, ſome other principle muſt be ſought for to elucidate this very difficult problem, and the truth perhaps is, that inflammatory diatheſis, proſtration of ſtrength, emaciation and fever, point to other changes in the ſyſtem, which may be very properly ſaid to be *internal*, the whole number of which have not yet been diſcovered; but ſome,

however,

however, we do know, among which may be reckoned a melting down, attenuation, or ſingular ſpecies of putrefaction of the animal fluids.

"Theſe, if I miſtake not, take place when the medicine does not, as well as when it does ſalivate; I mean when it cures, and they are what I would call the *deciſive anti-venereal effects of mercury.*"

The genius of phyſic, it ſeems, did not ſlumber in the year 1782, for beſides that which was laſt mentioned, two other works made their appearance, the one entitled

An Enquiry into the Nature of the Venereal Poiſon, and the Remedies made uſe of to prevent its Effects, &c. By J. Clubbe, Surgeon, 8vo.

This treatiſe, I have been informed (for I have not been able to procure it) is a ſenſible, though not a ſcientific performance. It is written for the uſe of thoſe who have not received a medical education, and is ſaid to excel the bulk of ſuch writings as are intended to gain popularity.

A Treatiſe on the Venereal Diſeaſe. By G. Renny, 8vo,

is the other treatiſe which was publiſhed this year. Mr.

Mr. Renny, who was ſurgeon to a highland regiment, has not neglected to deſcribe the remarkable occurrences which came under his obſervation. One fact which he aſſerts, will, in all probability, convey ſome practical inſtruction: it is this, that more than one half of the ſoldiers who were attacked with gonorrhœa, were likewiſe affected with a ſwelling of the teſticles; hence the neceſſity of giving proper ſupport to this part under ſimilar ſituations.

Several uſeful obſervations are diſperſed throughout the work.

——— 1783. ———

An Eſſay on the Symptoms and Cure of the Virulent Gonorrhœa in Females. By Charles Armſtrong, Surgeon, 8vo.

The higheſt encomium to which this ſmall pamphlet is entitled, will not raiſe its author's character above mediocrity; it will not be neceſſary, therefore, to detain the reader by a minute inveſtigation of its contents, ſuffice it to ſay, that he divides the gonorrhœa of females into three ſpecies.

One diſtinction applies to the vagina, ſimply.

A ſecond ſpecies is characteriſed by the meatus urinarius being inflamed by the ſame cauſe.

The third is that in which the evil is propagated along the urethra to the bladder.

Theſe caſes will undoubtedly require ſome diverſity of *treatment*, particularly with regard to injections; but this material part the author has neglected to conſider.

A Treatiſe on the Venereal Diſeaſe. By James Dunbar Innes, 8vo.

A treatiſe on which it will be ſcarcely requiſite to make any comment; it contains a compendious hiſtory of the diſeaſe and its treatment, but the author has attempted no innovation, and the reader, I may add, will not derive much edification.

—— 1784. ——

Practical Obſervations on Venereal Complaints, &c. By F. Swediaur, M. D. 8vo.

The reputation of this writer has prevented his works from falling into oblivion. There are few profeſſional men who are not acquainted with this author,

author, and the ſeveral editions which have been publiſhed, are a ſufficient teſtimony of the public eſtimation.

In the ſubſequent editions ſeveral remarks are introduced, which are not to be found in the firſt. To prevent the neceſſity of again alluding to the ſame author, I ſhall take the liberty of giving my ſentiments on the third edition, which I believe is the laſt, or at leaſt the laſt that I have been able to procure.

Dr. Swediaur believes that the venereal diſeaſe was not imported by Columbus, and endeavours to prove, on the authority of Dr. Sanchez and Dr. Henſler, that it prevailed in Europe a conſiderable time prior to his embarkation for America.

How far I might be diſpoſed from a peruſal of theſe authors to concur with Dr. Swediaur, it is impoſſible to prejudge; but it appears to me matter of aſtoniſhment, that Dr. Swediaur did not produce in his own defence arguments from the perſons whom he ſo much admires.

I believe it will be granted that the majority of the faculty have a different ſentiment; it would have been no unreaſonable expectation, then, that an aſſertion ſubverſive of their creed ſhould have been ſtrengthened by plauſible evidence; but what

does

does he ſay, " It is at leaſt undoubtedly wrong in us to conclude that the diſeaſe was brought to Europe from the Weſt Indies, becauſe it appeared and became epidemic here at the time when Columbus returned from his firſt voyage, 1493, or to ſay that becauſe it had been epidemic there, it was brought from thence to us; I think it might be equally reaſonable to alledge, that it was brought into different parts of the globe, by the ſame cauſe, at the ſame time."

Now let me aſk any man who is not an avowed apoſtate from reaſon and common ſenſe, if this is any argument at all? If a veſſel were to arrive on any part of our coaſt from a country which had never before been viſited or exploded, and ſhortly afterwards a diſeaſe made its appearance, whoſe effects were totally different from any thing which we had ever experienced; where would be the abſurdity of ſuppoſing that this veſſel had imported the evil? But how does Dr. Swediaur juſtify his infidelity, by informing us that for twenty years after the introduction of the diſeaſe, it was not known to be communicated by coition? This is tantamount to a declaration that men were loth to criminate themſelves. Would you expect the pretenders to chaſtity and holineſs, or thoſe who had

had taken the vow of celibacy, frankly to acknowledge their incontinence? Certainly not, and though no doubt many were convinced that this was the moſt certain mode of communicating the infection, ſhame and intereſt muſt have concurred to oppoſe the general adoption of ſuch a ſentiment. Every one has not the liberality (may I not uſe a harſher term?) to ſay, "I had myſelf the misfortune to be frequently affected."* To ſay the beſt of ſuch a confeſſion, it argues no high ſenſe of delicacy; but let me ſtop, I have no right to cenſure his moral character, nor would it be generous to accuſe one from whom I can never receive a reply. To return to *the author.*

After ſome preliminary obſervations, which relate principally to the origin of the diſeaſe, he proceeds to the conſideration of Blennorrhagia, a term preferable in his opinion to gonorrhœa, with which, according to his acceptation, it is ſynonimous. This part of the work is intereſting and inſtructive, here the author undertakes to prove the identity of the poiſon producing chancre and gonorrhœa, and in my opinion with conſiderable ſucceſs, and what, in a medical court of judicature, will be conſidered no fault, his arguments

† Vide Dr. Swediaur's Preface.

are more forcible than ingenious. "In many cafes," he fays, "where I had occafion to examine both parties, I have been convinced that chancres were communicated by a perfon affected with a fimple clap, and vice verfa, that a virulent clap had been the confequence of an infection from a perfon having fimple chancres only."

If we can depend on this paragraph, is it not conclufive?

To this feveral other proofs are adduced, which will undoubtedly have weight in fettling this difputable point in practice; but to enter into the particulars of this work will be utterly incompatible with my defign. Though in this publication there are many faults, there are likewife many excellencies. Well authenticated facts may be confidered the foundation of practice, and Dr. S. has greatly augmented the collection; but the conclufion of the volume fullies the character of its author, for no one can juftify his illiberal afperfion of Mr. Hunter's character.

——— 1785. ———

A valuable publication iffued from the prefs in this year, under the title of

Medical Communications.

in

in which we find a paper by Dr. Frederici Michaelis, on the anti-fiphylitic properties of opium.

The facility with which the fymptoms of lues venerea may be relieved, has undoubtedly ever been the fource of much fallacy and difappointment. To arreft the progrefs of a fiphylitic virus, is a property not peculiar to opium, mercury, or any other medicine, but may be accomplifhed by a variety of remedies confeffedly inadequate to the eradication of the difeafe.

Many perfons of refpectability have in this manner deceived themfelves and others, by concluding with too much precipitation in favor of certain medicines, of whofe efficacy further experience would have enabled them to fpeak with greater confidence and veracity.

This obfervation, it is prefumed, will not be inapplicable to the prefent paper, for a little attention would have convinced the doctor that his dependance was placed on a broken reed, there having been no fingle cafe well authenticated of any perfon who laboured under the fecondary fymptoms of lues venerea, being cured by this narcotic.

It will not be amifs to take notice here of a

circumſtance that principally contributes to promote the deception. After mercury has been given for a certain length of time, it not unfrequently produces ſymptoms which bear a reſemblance to the diſeaſe itſelf; a continuance in the ſame remedy, therefore, only tends to aggravate the patient's complaints, in conſequence of which, ſome other remedy is employed; if this acts as a corrector to the mercury, it is ſaid to cure the diſeaſe when mercury failed, but this erroneous inference is owing to the want of proper diſcrimination. The real virtues of opium in this caſe are now ſo well known, that it will hardly be neceſſary to ſay Dr. Michaelis was too ſanguine in his expectations.

Thus I have endeavoured to give a ſummary, and I truſt impartial, account of the authors who have appeared ſince the period mentioned above.

To have entered into a copious and minute examination of their ſeveral opinions, would have rendered this publication too voluminous; the general ſentiment I have ventured to entertain and expreſs with regard to every author, will, I preſume, prove ſufficient for the purpoſe of ſelection, and enable the junior practitioner of an inquiſi-

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tive diſpoſition to examine ſuch as are moſt likely to reward his labor, and improve his practice. I had originally intended, with the ſame view to brevity and impartiality, to have continued the catalogue to the preſent period; but as the writers of a more recent date are abundantly more intereſting, and are in a great meaſure the ſtandard by which many are now regulated, a bare enumeration of their works, or a brief account of their opinions, would ſcarcely be ſufficient. I have, therefore, judged it adviſeable to limit my remarks to the period at which the laſt writer made his appearance, intending hereafter to comprehend in a ſubſequent volume thoſe works which have ſince iſſued from the preſs.

FINIS.

AN ANALYSIS OF A *COURSE OF LECTURES* ON THE VENEREAL DISEASE, STRICTURES IN THE URETHRA, AND OTHER AFFECTIONS OF THE *URINARY ORGANS.*

DELIVERED BY THE AUTHOR,

AT HIS HOUSE,

No. 2, SOHO-SQUARE.

AN ANALYSIS OF A COURSE OF LECTURES ON THE VENEREAL DISEASE, &c.

LECTURE I.

Introductory Lecture.

ON the origin of the diſeaſe. Whence derived. America ſuppoſed to be the place from which it was derived. Reaſons for this ſuppoſition. Teſtimonies of Gelinus, of Leonicenus Vincentinus, profeſſor of phyſic at Ferrara; of Gaſper Torella, and other practitioners of that day. Period of its manifeſtation in Europe. Suppoſed to be about the fifteenth century. Columbus ſuſpected of having been the means of its importation. Facts relative to his voyage conſidered. Objections to this ſentiment by Thomas Beckett, John de Gaddeſden, Guido de Cæliac, and others. The inability

bility of their arguments ſtated and confirmed. Propagation and progreſs of the diſeaſe in Europe, from the Neapolitans to the French, thence ſoon became known in every European ſtate. United evidence of all the Spaniſh hiſtorians, in proof of America being the nurſery of this contagion. Inveſtigation of the primary ſource of this poiſon. Abſurd conjectures which have been held on this point. Aſtrology and medicine conſidered as ſiſter ſciences at the period when this complaint appeared; hence attributed to planetary influence. Suppoſed by others owing to atmoſpheric changes. Advocates of this opinion. Its beneficial tendency in concealing the incontinence and immorality of the monks. The doctrine of an Italian, who aſcribed it to eating human fleſh. Circumſtances which gave riſe to this opinion. Its inſufficiency proved. Suppoſed by others to be produced by the copulation of perſons labouring under different diſeaſes. This proved, by direct and analogical evidence, erroneous. Van Helmont's opinion that it was from an unnatural connection with ſome animal; this idea by no means improbable. Reaſons alledged by Dr. Rees in ſupport of it. The ſpontaneous generation of certain ſpecific morbid poiſons peculiar to ſome animals;

mals; but communicable afterwards to others. This no ſmall argument in proof of the laſt hypotheſis. Other reaſons offered. Hydrophobia, cow-pox, &c. adduced as collateral evidence.

LECTURE II.

GONORRHŒA, OF SIMPLE CLAP deſcribed. The ordinary mode of its appearance. *Time* of its appearance from the period of infection variable. Several caſes related illuſtrative of this. Progreſs of Symptoms. Difference in the order and violence of this diſeaſe enquired into. Symptoms diverſified by conſtitutional irritability, *local* irritability, and the malignity of the poiſon. Qu. Is the mildneſs and diverſity of this diſeaſe owing to any difference in the quality or quantity of the virus? Concomitant, though not conſtant, ſymptoms of gonorrhœa conſidered. Ardor urinæ. Cauſe of this. Violence. Duration. Conſequences. Caſes. Chordee. Continuance of it. Hæmorrhage, or diſcharge of blood from the penis. Swelling of the teſticles. Curious fact relative to Highlanders. Swelling of the glands in the groin generally ſympathetic. How known to be ſo. Importance of being familiar with this caſe. Caſes related

ſated. Identity of the poiſon producing clap, and that producing chancre, conſidered.

LECTURE III.

GONORRHÆA IN WOMEN conſidered. Two ſpecies decidedly different. Hence ſome important inferences. How diſtinguiſhed from the fluor albus, or whites. Two principal criteria. Difficulty of eradicating the poiſon from the vagina. Secondary Symptoms of lues in women who have only had gonorrhœa.

CURE of GONORRHÆA in MEN. Firſt by injection. Secondly, bougies. Thirdly, internal remedies only. Injections. When proper. Various kinds. Rules for their ſelection and adminiſtration. Conſequences of injections improperly uſed, either with regard to time or ſtrength. Inflammation of the bladder. Strictures, &c. incurred. Intereſting caſes adduced in confirmation. Bougie. When proper. Comparative advantages of this remedy. Caſes adduced. Cure by internal remedies. Advantages of. Inſufficiency of this mode. Mercury, how far requiſite in the treatment of ſimple gonorrhœa. Treatment of chordee. Hæmorrhage from the penis. How treated.

treated. Ardor urinæ. Swelled testicle. Treatment of. An examination of Mr. Bell's opinion with regard to the early use of astringent injections. How far do mercurial injections act specifically on the virus. Does the nitrous acid, administered in the same manner, act on this principle.

LECTURE IV.

GONORRHÆA continued. Cure of it in women. Peculiarity of treatment with them. Injections differently employed. Consequences of gonorrhœa. Venereal warts (these considered in a subsequent lecture). Thickening of the vagina and nymphæ. Consequences of gonorrhœa in men. Gleet most common. How cured. Bougies. How employed here. Injections. How administered, and what are found most certain. Rules for ascertaining this. Internal remedies requisite, given, however, with different and sometimes opposite intentions. Habitual gleet. Gleet recurring from constitutional plethora. Cases brought forward to illustrate several points of practical importance. Irritation in the urethra continuing, how cured. Gleet, how distinguished

ed from gonorrhœa. Importance of. Decided evidence on this queſtion with regard to married men.

LECTURE V.

Of CHANCRE. This deſcribed according to its moſt uſual appearance. Uſual ſeat of it. Extraordinary aſſertion of Aſtruc. Material and important difference ariſing from the ſituation of chancre. Difference dependant on conſtitution. On malignity of the poiſon. Chancre at the baſe of the glans dangerous. Why. Swelled prepuce to be attended to. Effects of it. Chancre at the baſe of the penis. Effect of. Intereſting caſes, ſhewing the importance of attending to this. Neceſſity of diſtinguiſhing between chancres and ſimple ulceration. Females ſubject to ſlight ulceration on the parts of generation. Caſe. Cure of chancre. By local remedies. By remedies adminiſtered to the ſtomach. Local remedies, various. Cauſtic lunar conſidered. Nitrous acid, &c. &c. conſidered. Mercury. When proper. How long to be continued. Caſes. How far are cauſtic applications likely to produce bubo.

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LECTURE VI.

Bubo defcribed. Sympathetic and idiopathic, what and how diftinguifhed. Advantage of bubo. Conftitution guarded by bubo. How. Seat of bubo. Difference of venereal bubo from that produced by other morbid poifons. Treatment of venereal bubo. How difperfed. How brought to fuppuration. Comparative inconvenience of difperfion and fuppuration. Rapid and remarkable enlargement of buboes. Cafes. Mercury. Obfervations on its ufe here. Treatment of ulcerated bubo. Opening buboes, particular cautions with refpect to. Cauftic and Incifion compared. Indolent bubo. How treated. Cafes.

LECTURE VII.

Venereal Warts. Where occurring moft frequently. Circumftances favourable to their production. Practical inferences from their appearance in females. Curious cafes. The various methods adopted for their removal examined. Of cauftic. Fumigation. Application of rhubarb, &c. Excifion. Savin powder.

Strictures in the Urethra, hiſtory of. Cauſes which generally produce them. How far to be attributed to gonorrhœa virulenta. How far to Injections. Situation of ſtrictures. Symptoms of ſtricture. Caſes.

LECTURE VIII.

Strictures continued. Great importance of a familiar acquaintance with theſe caſes. Uſual progreſs of ſymptoms deſcribed. Symptoms which moſt generally accompany theſe complaints. Symptoms which *occaſionally* accompany them. Effects of ſtricture on the conſtitution. Effect on particular parts. Bladder. Kidneys. Stomach, &c. Gleet with ſtricture to be attended to. Situation of Stricture, how known. Size and extent how known. Introduction of bougies. Several practical remarks relative thereto. Of Stricture combined with other affections, as ſtone in the urethra, diſeaſed bladder, &c. &c. Stricture, with fiſtula in perinæo. Various caſes related in illuſtration of thoſe different peculiarities.

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LECTURE IX.

Strictures, how cured. Bougie and caustic compared. Size of bougies. Composition of. Comparative estimate of catgut. Whalebone and leaden bougies. Of bougies made with elastic gum. Of the *armed bougie*, or bougie with caustic. When necessary. Mode of applying it. Inconveniencies and objections attending this remedy impartially considered. Of the pain and hæmorrhage which sometimes occur. Hæmorrhage how prevented. Of strictures incurable by caustic. Why. Cure of strictures, by cutting into the urethra. When necessary. Cases. Authors on these complaints enumerated.

LECTURE X.

Diseases of the Testicles. Enlargement of one or both testicles from a blow. From gonorrhœa. Peculiarity in this latter case. Scrophulous induration. Characteristic symptoms. Cancerous swellings. How most certainly distinguished. Affection of spermatic cord. Treatment of swelled testicle from gonorrhœa. Of

 scrophulous

ſcrophulous enlargement. Great utility of leeches. Remedies appropriate to other affections of theſe organs conſidered. Cicuta. Mercury. Sal ammoniac, with vinegar, &c. Exciſion. When adviſeable. When eſſential. Waſting of the teſticles. Caſes appertaining to the preceding circumſtances adduced.

LECTURE XI.

Secondary Symptoms of the venereal diſeaſe. The order of their appearance. Venereal ſore throat. Character of this ſymptom. Other affections with which it is liable to be confounded. Eruptions on the ſkin. Venereal blotches. Pains in the bones. Diſeaſes of the bones from a venereal cauſe. Diſtinction from rheumatiſm. Secondary ſymptoms ariſing in pregnant women. How treated. Infection of the fœtus, from what cauſe. Miſcarriages ſhewn to ariſe moſt generally from the miſconduct of the father. Treatment of ſecondary ſymptoms, nodes, &c. Enumeration of the various remedies which have been offered for the cure of this diſeaſe. What are the real properties of thoſe remedies. How far ſerviceable in mitigation of ſymptoms. Various caſes.

LECTURE XII.

SALIVATION fully treated of. How to be effected. Conſtitutions very averſe to mercury, how managed. Effect of mercury on the mouth. How promoted. How reſtrained. Violent degrees of ſalivation, how checked. Effect of mercury on the bowels. Mercurial dyſentery. Treatment of. Effect of mercury on the brain. Loſs of memory. Hypochondriaciſm. Conſtitutions not ſuſceptible of the mercurial action, or very difficultly acted upon. Time requiſite for the continuance of ſalivation. How judged of. Anomalous ſymptoms of lues venerea. An enquiry into its preſent ſtate. How far has it become leſs active than formerly. What probability is there of its becoming extinct. Correctives of mercury. Decoct. mezerei. Liſbon diet drink. Nitrous acid, and various other articles conſidered. Recapitulation. Account of authors. Concluſion.

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